

PSYCHIATRY

Handwritten Note

MBBS Help

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Name: _____

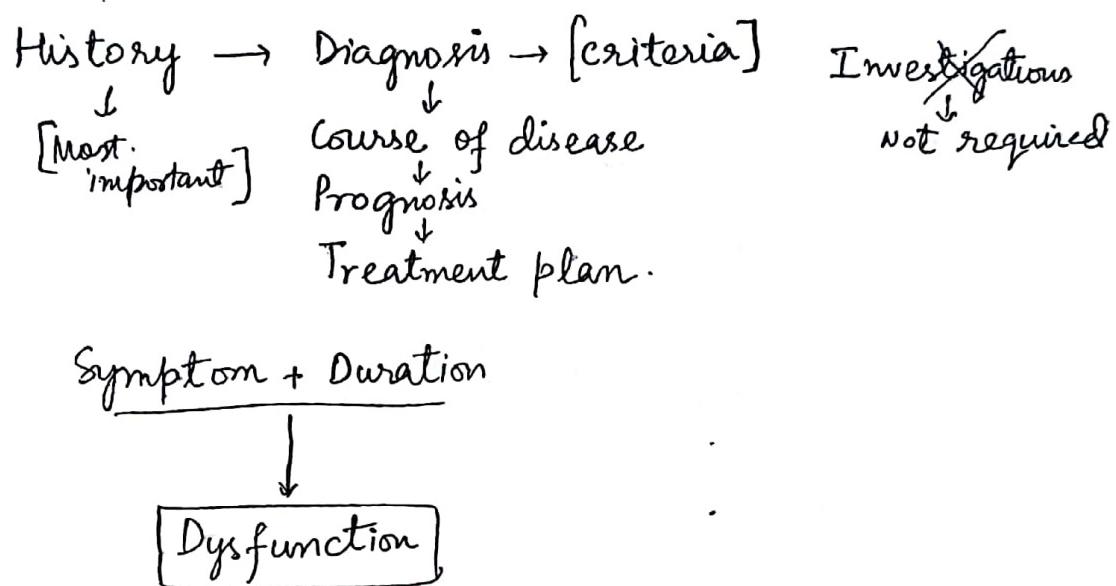
Subject: Psychiatry



Blank

Psychiatry - Termed by Johann Riel
 ↳ [Treating the soul]

Modern Psychiatry - Father is Philippe Pinel



Anhedonia → Loss of interest in previously enjoyable activities/life.
 (Sadness)

Most commonest criteria of Schizophrenia - Psychomotor Retardation

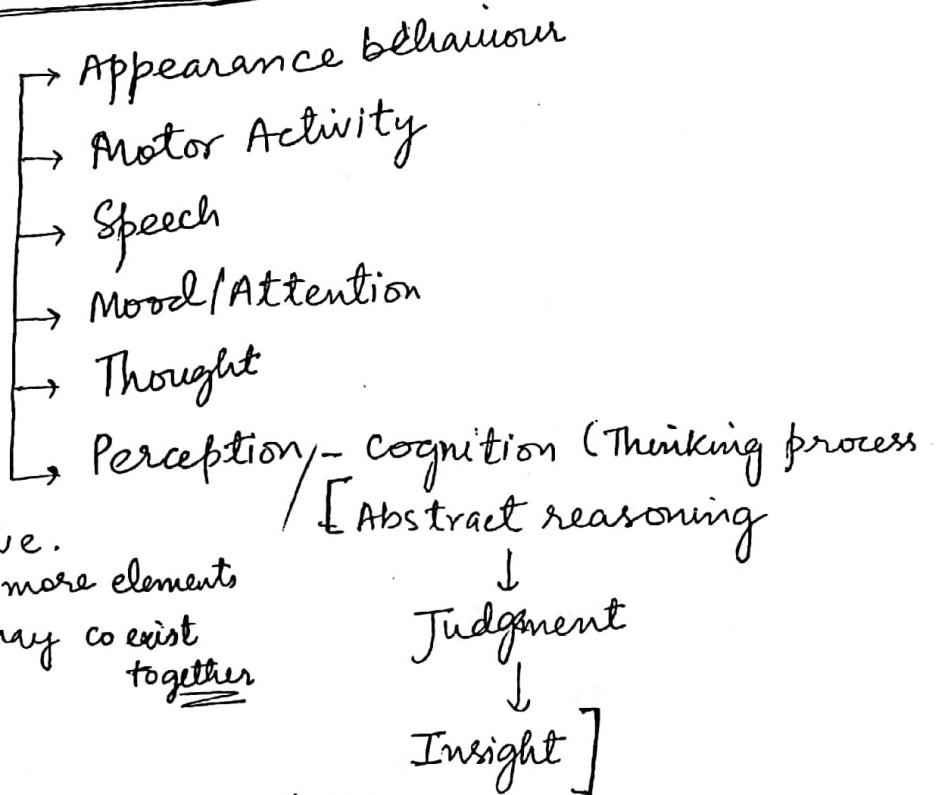
Dysthymia ≥ 2 years

Dysfunction → impaired or abnormal functioning

Conflict alone or Social deviance is not a diagnosis
of a mental disorder.

H/o marriage → Good Prognosis

Mental Status Examination



Not exclusive.

2 or more elements
may coexist
together

Insight ⇒ awareness of illness

4 Levels, Level I - Patient doesn't agree about illness

Level II - (+/-)

Level III - Medical illness (agree)

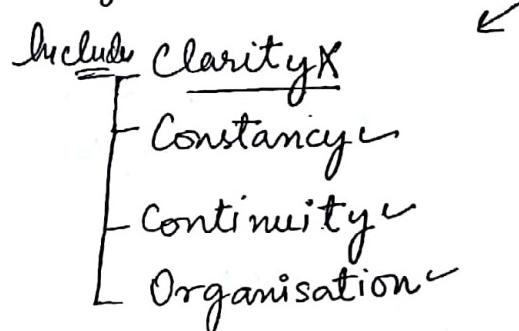
Level IV - Intellectual insight

Level V - Emotional insight → fully agrees &
executes treatment

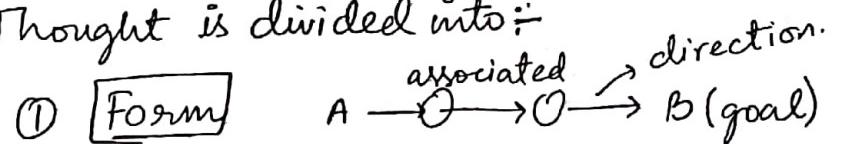
Thought - an idea or opinion produced by thinking, or occurring suddenly, in mind [concentration, attention, care or regard]

Perception \Rightarrow becoming aware of the environment by the sensation coming from sensory organs.

Thought - Normal thinking [By KURT SCHNEIDER]



Thought is divided into:



② Content

③ Possession, own possession/control

④ Stream $\xrightarrow{\text{Tempo}} \text{Flow}$
 $\xrightarrow{\text{Continuity}}$

Form (association, direction \Rightarrow Thus logical sequence)

\hookrightarrow Formal Thought Disorder. (FTD) (^{In} Schizophrenia)

Individual process are not connected by meaning such that overall speech output is not understandable.

DISORGANISED SPEECH



loss of association → Incoherence, Incoherent talking.

Derailment → A \rightarrow B [direction is lost]

Tangentiality → $\textcirclearrowleft \rightarrow$ [Touching the answer but not what was required]

Neologism → creating one's own language.

Verbigeration → \blacksquare Senseless repetition of words or phrase

[Neologism is one of the specific signs of Schizophrenia & Psychosis]

② Content

[Delusion is disorder of thought & content]

Delusion → False belief

→ Firm / fixed

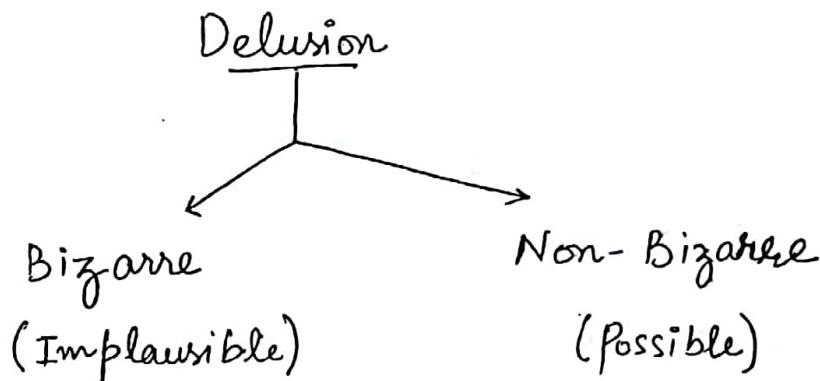
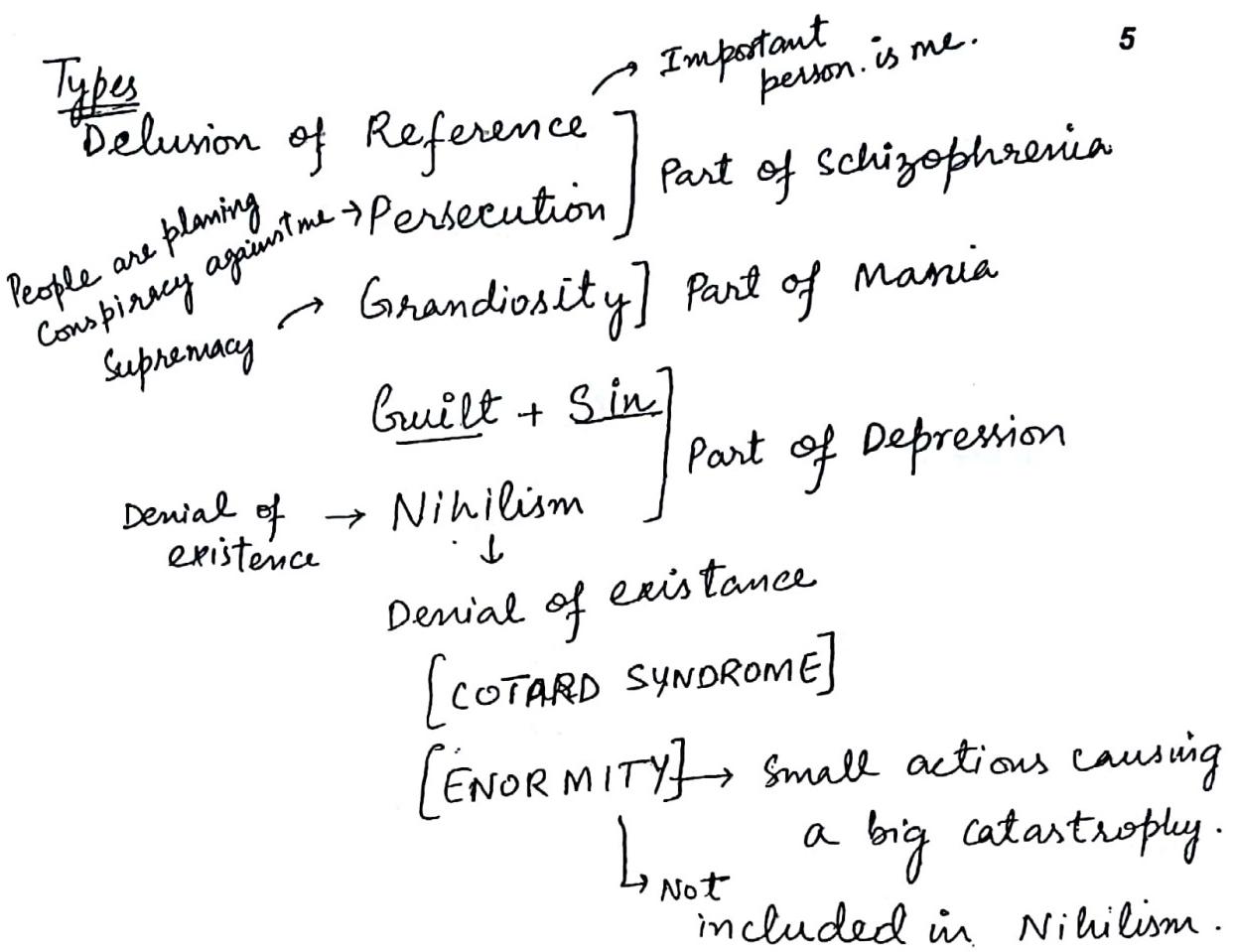
→ out of keeping educational + cultural background

→ Morbid origin - (Illogical)

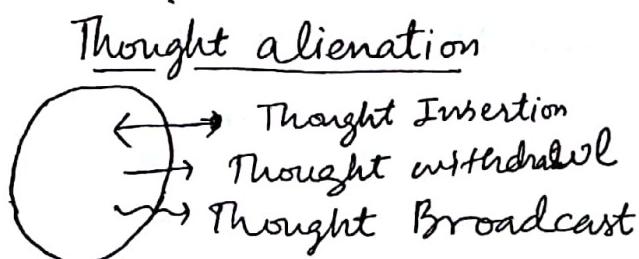
↓
Morbid Jealousy → Othello syndrome

↓
Alcohol → D- Infidelity

↓
Impotence



e.g Person thinks that his thoughts are taken away by his neighbours by a device



Delusional Misidentification Syndrome

Capgras → Family persons → unknown

Fregoli → Strangers → familiar (delusion of double)

Intermeta morphosis → ^{Thought of} Swapping the identity to damage the patient

Mirror self misidentification → Mirror self disidentification

Reduplicational Paramnesia → [Living at home but denies that fact]

③ Possession of thought disorder ⇒

- Insertion
- Withdrawal
- Broadcast

OCD

Obsession

Mc - dirt & contamination

Pathological doubt

↓
Thought disorder

Compulsion disorder

Mc → Checking

washing, touching
↓ counting

Behaviour disorder

Least common is

Intrusive thought

Aggressive Sexual

OBSESSION

Own thoughts, Irrational,
ego dystonic ^(ego alien)
↓
ego syntonic ^(unwelcome)
↓
ego syntonic ^(welcome)

- Repeat,
- Patient resists the thoughts
- Distress - ≥ 1 hour - 2 weeks
- Not enjoyable

If Thoughts are syntonic \rightarrow patient does not
 ↓ come for Treatment
 Personality disorder

Magical thinking

Actions & words
assume power.



[Schizotypal personality
disorder.]

Ambitendency

not being able to
complete an action

→ 2 step forward

2 steps ←
backward.

Ambivalence \rightarrow Thought
process for
ambitendency

OCD can cause - Anxiety

- Depression ($\frac{2}{3}$ rd)

Rx for obsession

↓
Medication

SSRI (Fluoxetine)
(Fluvoxamine)

TCA (Clomipramine)

compulsion

↓
Behavioural Therapy.

ERP

Fluoxetine \rightarrow t_½ 3-4 days

↓ Less serotonin withdrawal is seen.

No results



Reserpidone (Augmentation)



ECT



Psycho Surgery (Last Rx)

(Anterior [cingulotomy
or
Capsulotomy]

ERP → Exposure
+
Response

Prevention

D/o (disorder of)

STREAM OF Thoughts

① Tempo → Flight of ideas → mania

↑ Prolifxity → Hypomania

↓ Retardation / Inhibition

↳ depression

Circumstantiality (over inclusion
of unnecessary details &
answer is reached)



② Continuity → Thought block.

Preservation

Thought block

Preservation

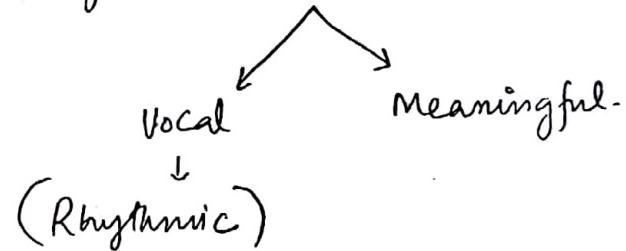
Thought block A → Ⓛ B

Perseveration → Ist answer is relevant
 & the same answer is repeated
 for different other questions.
(Irrelevant).

[Persistence of mental process beyond the point of relevance.]

Tempo/Flow

↑↑ , Rapidly , changing association



Prolivity

Speaking Rapidly Ⓛ association

Circumstantiality

Person will make you reach the goal but by over inclusion of unnecessary details.

Perception disorders

Illusion

False

↳ Independent of will

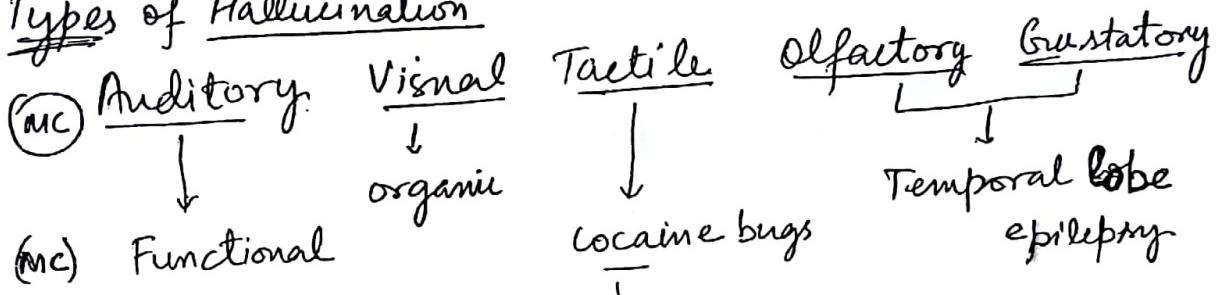
Miss interpretation of a stimulus

Hallucination

Perception

cont presence of object or stimuli.

Types of Hallucination



Cocaine also causes delusion of persecution

Pseudo hallucination

Insight is Present

Unreal

Subjective

[Thought will have a will but Pseudo hallucination has no will]

True hallucination

Insight is absent

Real

Objective

] [Patient terms)

Phantom limb is an example of True organic Hallucination

Special hallucination types

① Reflex

Different modality
↓

Synesthesia

LSD
(colours → speak)
↑ ↓
Stimulus False Perception

⇒ [Stimulus &
false perception
are of different
modalities.]

Functional

Same modality.

↓

⇒ [Stimulus & false perception
belong to the same
modality]
(e.g. both are
auditory)

e.g. one person says
the the colours are
speaking very well,
auditory stimuli
perceived as itching.

② Extra campine Hallucinations

outside the units of sensory field.

Extra Campine :> Beyond sensory organ limitation

Autoscopy :>

Internal Autoscopy

e.g Person perceives images of the food digested & which is traveling through alimentary canal.

Negative Autoscopy

unable to see yourself in mirror.

(visual hallucination of image of one's body)

Types of auditory hallucination

1st person Hallucination

↓
Own thoughts as voices from outside

Thought ECHO

Audible thoughts

2nd Person H.

↓
Person speaking in ~~one~~ ears

Command Hallucination

3rd person H.

↓
⇒ 2 persons speaking in ears

Running Commentary



Mood

→ Pervasive, Persistent
state of mind

Affect

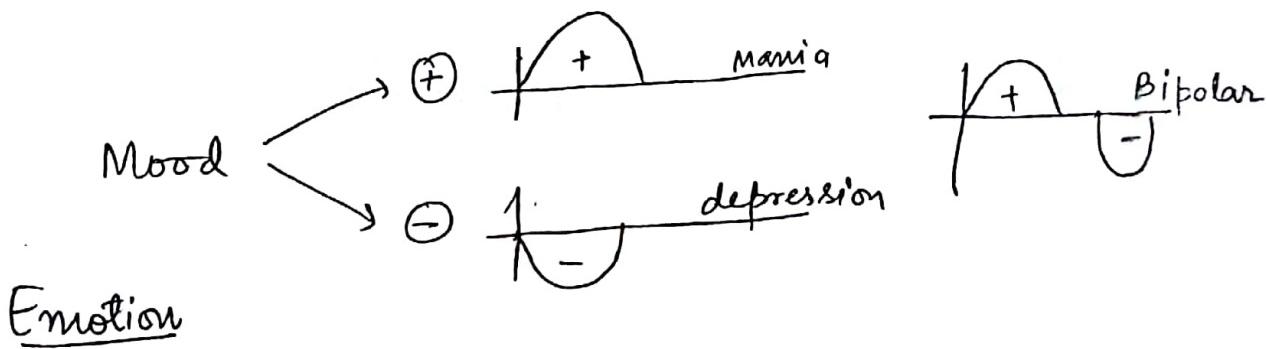
→ Emotional Response to a
stimuli

→ Inner, subjective

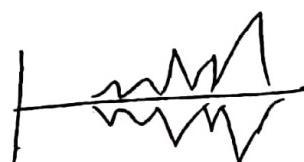
→ outer, objective

Adjustment disorder

↳ Stress due to outcome. [Students suiciding
after bad results]

AFFECTIVE REACTIVITY

Emotional reaction to a stimulus



Labile effect Rapid urge of emotions

Affective flattening

Schizophrenia

Alexithymia

Inability to express emotions

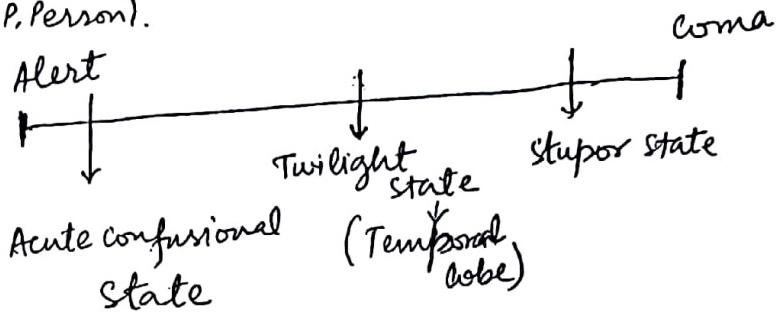
BEHAVIOUR

14

Cognition [Higher mental function & abilities]

① Orientation (T.P. Person).

i) Alertness



② A/C $\Rightarrow \$00 - 7 = 93$

(Attention/concentration)

Attention maintained for period of time

↓
Concentration

③ Memory

Immediate

For Seconds

Recent

For minutes

Remote

Months - years

↓
[Delirium]

[Registration & Recall]

↓

Amnestic syndrome

Korsakoff Psychosis

Question about recent meals

Remote memory is also affected

↓

[Dementia]

Has both Recent & old memory components
e.g. School Teacher.

Abstract

Asking patient
→ Indepth meaning
(Proverbs)

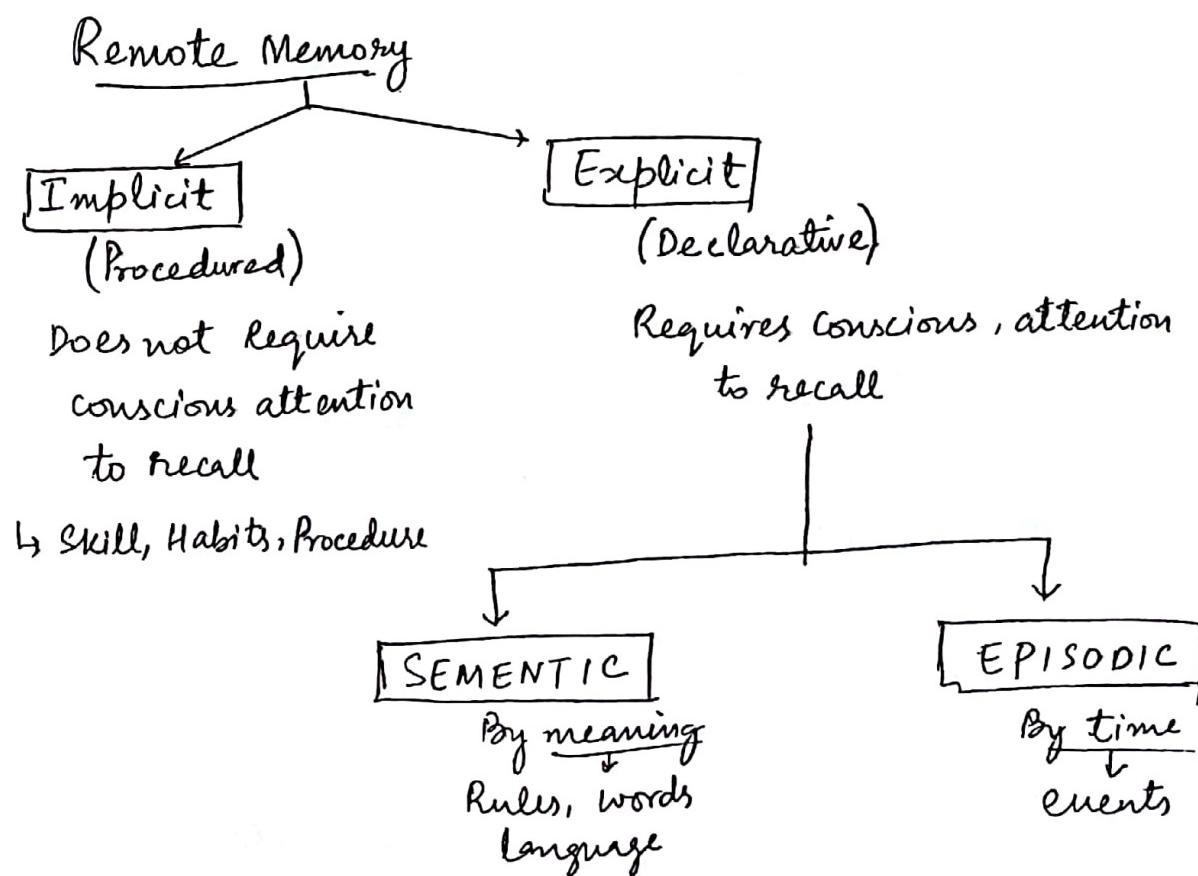
→ Moral of the story

→ Similarity (?)
e.g. Table/chair
Cow/buffalow

Concrete

Literal meaning.

In dementia and schizophrenia patient goes from Abstract to Concrete thinking.



Behaviour disorders

Psychosis

Delusion

Hallucination

Disorganized behaviour

Insight is absent

Neurosis

Anxiety

OCD

Phobia - Irrational fear

Insight is present

Organic disorder

Etiology is present

visual hallucination

Functional disorder

Etiology not clear.

↳ Purely on diagnostic criteria

Auditory hallucination

Onset

Sudden or
abrupt
(< 48 hours)

Psychotic disorders may be

Continuous

Episodic

Dementia
(Schizophrenia)

Manic depressive disorder
(Bipolar disorder)

Schizophrenia

Term Demence Precoce — BENEDICT MOREL

[deterioration of Personality in adolescence]

Emil Krapelin → Psychotic patients

Course of illness.

Continuous

Episodic

Dementia Precox

MDP

(Maniac Depressive
Psychosis)

[Remission & Exacerbation type of course in Schizophrenia].

Age of onset

13 years - very early onset

18 years - Early onset

10-25 years - Male > Females

25-35 - Females > Males

>45 years - Late onset

Schizophrenia - females good prognosis

Dementia onset ⇒ 65 years.

Eugen Bleuler → Termed Schizophrenia

↓
Primary Symptoms of schizophrenia.

4 As

Ambivalence

Loss of Association

Affective disturbance

Autistic behaviour

Ambivalence ⇒ It is inability to decide
in favour or against. (A or B)

Affective disturbance

Inappropriate Affect

Thought $\xrightarrow{\text{No correspondence}}$ Effect

Behaviour $\xrightarrow{\text{No correspondence}}$ emotions

e.g. Crying on a good moment

or Laughing on Sad moment.

Autistic behaviour

Autism
↓

Leo Kanner 1943

[< 3 years age]

Communication (language)

Social Interaction (eye-eye contact)

Stereotypy, mannerism, Repetitive

Kurt Schneider → SFRS

[Schneider's First Rank Symptoms]

Total 11 symptoms

- ① Thought insertion
 - ② Thought withdrawal
 - ③ Thought Broadcast
- THOUGHT Alienation

→ Auditory hallucination
↓

- ④ Thought echo/audible thought
- ⑤ Running commentary
(3rd person hall.)
- ⑥ Arguing/discussing

⑦ - Somatic Passivity

↓
Body activity controlled by someone (who is active)

⑧ - Delusional Perception

↓
illogical meaning to normal perception

e.g. hearing of ~~the~~ march past of army - pt thinks
they are coming to kill him.

⑨ - Control/made phenomenon

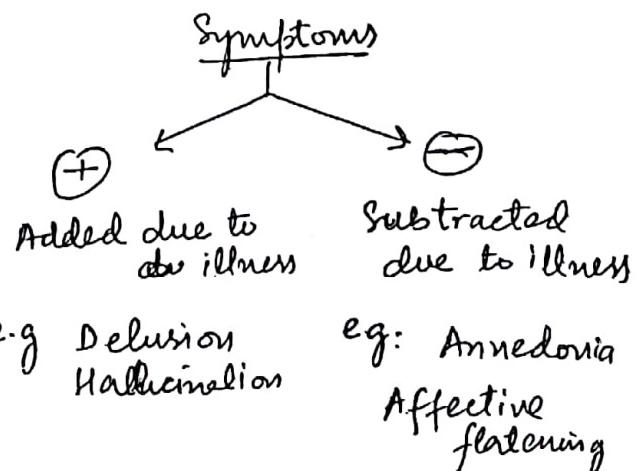
Thought of "someone"
making to do me
⑩ Affect → emotion

⑩ Volition (Action) [controlled
by others]

⑪ Impulse (

Diagnostic criteria of schizophrenia

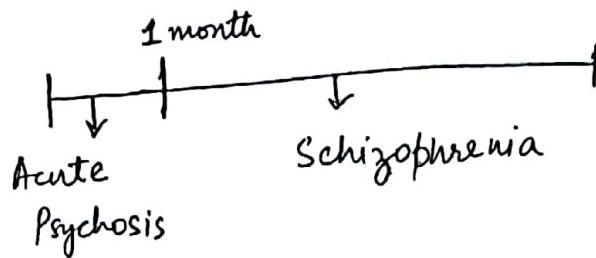
- ① Delusion
- ② Hallucinations
- ③ Disorganized Speech
- ④ Disorganized behaviour
- ⑤ Negative symptoms.



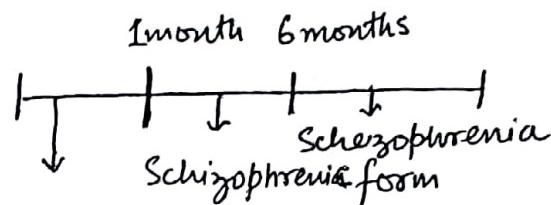
Diagnosis

21

ICD - 10 (WHO)



DSM 5/IV (APA)



No. of chapters in ICD 10 - (22)

Chapter for mental illness - (V)

No. of Axis in ICD 10 - (3)

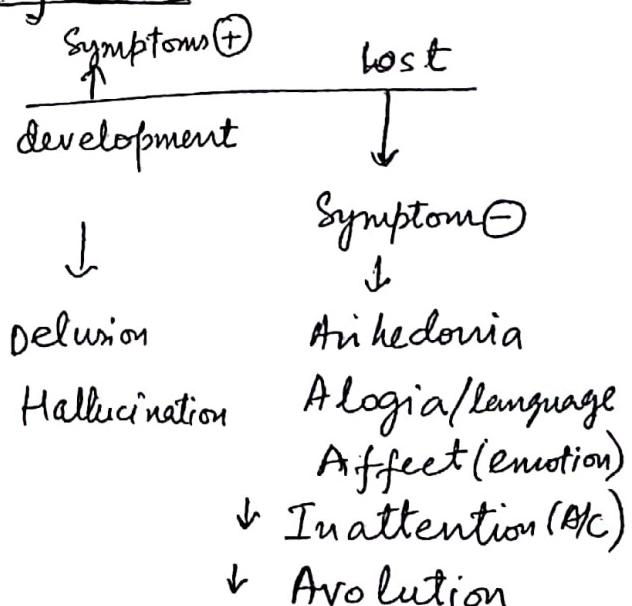
Alphabet for psychiatric illness - (F)

F = Functional

(Brief
Psychotic Disorder)

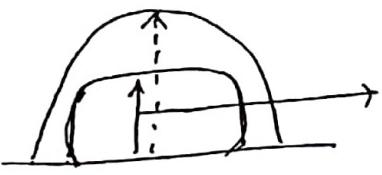
If a patient is suffering
from delusion, → (Bizarre)
Hallucination → (Auditory)
disorganized behavior
(catatonia)
disorganized speech
(neologism)
Negative symptoms

TJ crow



EmotionFlat (affective flattening)

| No Response
(stony face)

Blunted / Restricted affect

→ Blunted &
Restricted.
affect.

Types of Schizophrenia

<u>Paranoid</u>	<u>Hallucinogenic</u>	<u>Catatonia</u>	<u>Simple</u>
D + H	↓ Disorganized personality (Mood) (giggling/gramising) early onset	Motor Rx BZD (Lorazepam) ECT	-ve symptoms 1 year
Commonest	early/poor prognosis	Best prognosis	Worst prognosis
Late onset	Inappropriate effect, mirror effect	Anti-psychotics not given.	
good prognosis Personality intact	↓ Personality deterioration is maximum		

Catatonia (abnormal motor symptoms)
Signs Depression (+)

Waxy flexibility
 Catalepsy] doctor does it
 and patient maintains it.

Rigidity] Patient did
 Posturing] it himself & retains
 for > 1 min

Echolalia \rightarrow Repetition (Bizarre position)
 Echopyraxia \rightarrow Repetition of words.

Echopyraxia \rightarrow Repetition of action.

Stereotypy]
 Mannerism] \rightarrow Autism

Negativism \rightarrow Not obeying the commands

Gegenhalten \rightarrow Proportionate Resistance

Mutism

Stupor \rightarrow Only responds to painful stimulus.

{ Stereotypy \rightarrow Repetition of non goal directed.

Mannerism \rightarrow Repetition of goal directed.
 ↓
 But Repetition makes it senseless

1st line of Rx \rightarrow Lorazepam \rightarrow ECT.

Antipsychotics - not required

On episode → Dream like

Von Gogh syndrome → Self mutilating in schizophrenia.
 ↴ cut his one ear.

Genetics

incidence

0.5 to 5 / 10000

Prevalence

General population → 1% ^a

Sibling → 8%

Dizygotic twin → 12% ^b

Single parent → 12%

Both Parent → 40%

Monozygotic → 47% ^c

↳ A Heritable psychotic disorder.

Biochemical

Neurotransmitter Responsible → Dopamine ↑
 (+ve symptoms)

Meso limbic



Responsible for
 delusion
 Hallucinations

Serotonin ↑
 (+ve/-ve)

↓ NE → Anhedonia

↓ GABA, ↓ ACTH, ↓ Nicotine

Substance use → 90% → Tobacco → improves cognition
 40% → Alcohol ↓
 ↓ the symptoms.

Mc premature cause of death in schizophrenia
 is Suicide

20 - 50%	10 - 30%	5 - 6%
attempts	(command hallucination)	(DSM-5)

Command hallucination

Depression ↑

Clozapine is an antidepressant, antipsychotic
 $\frac{2}{3}$ patients → visit C in < 72 hrs.

Delusional disorder

Single
Delusion (non Bizarre)



apart from belief
pt. is functionally N.

DSM 5 ICD 10
1 month 3 month.

Morbid Jealousy

Grandiosity

Persecutory

Erotomania → De Clerambault syndrome
↳ [delusion of love]

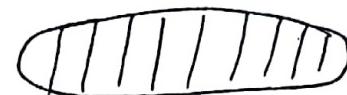
Somatic → Halitosis → Bromosmia

Paratosis (worry) [Ekbom syndrome]

Body Dysmorphophobia

Schizophrenia

Multiple (delusions
+ Hallucination)
Bizarre ✕



Post partum Psychosis

Baby Blue

30 - 75%

Commonest

Mood swings

Recover < 2 weeks

Reassurance

Depression

10 - 15%

> 2 weeks

Guilt &
Suicidal

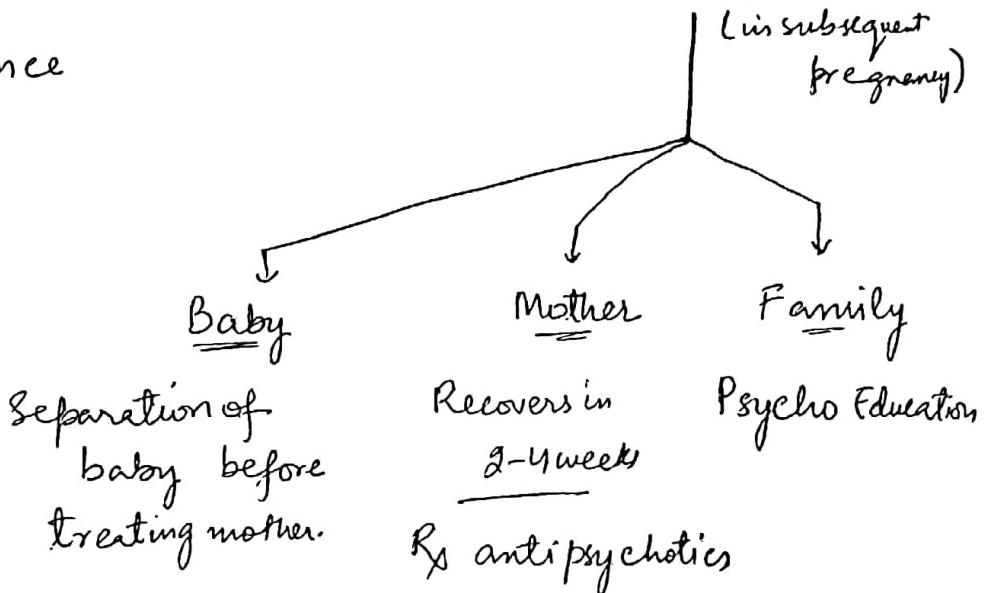
Psychosis

Suicidal 5%

Infanticide - 4%

Relapse = 50 - 60%

(in subsequent pregnancy)



Rx Atypical - Resperidone, Olanzapine

Typical - Haloperidol

↓
Clozapine - Most effective treatment

resistant schizophrenia

Antisocial

II line Rx : It causes Agranulocytosis
- Seizures (Rx Z in valporate)
SI ALORRHOEA

Clozapine + Antipsychotics

29



ECT

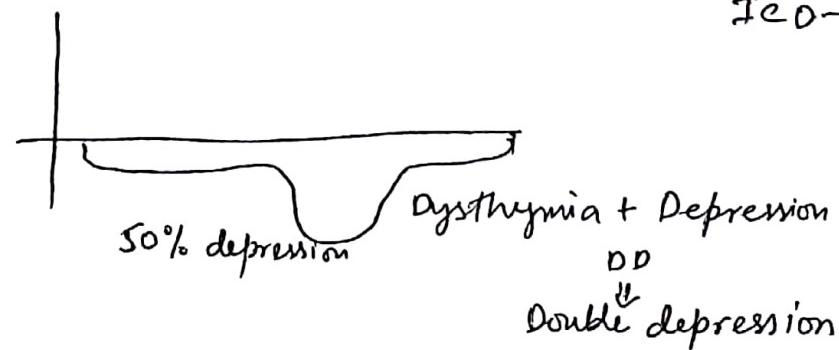
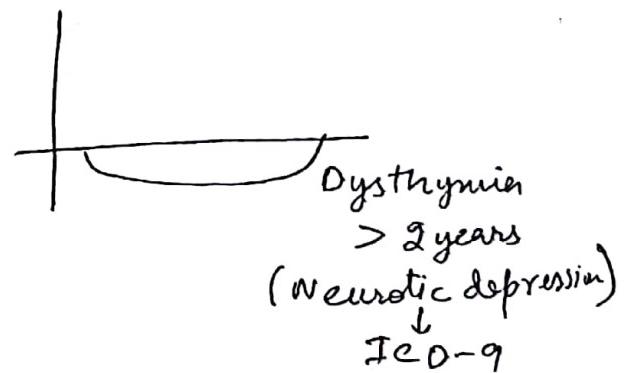
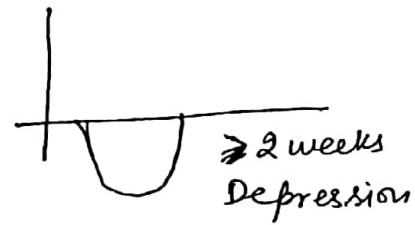
Psychotherapy cognitive Remediation

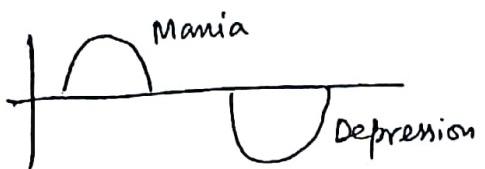
Family oriented therapy

Social skill training

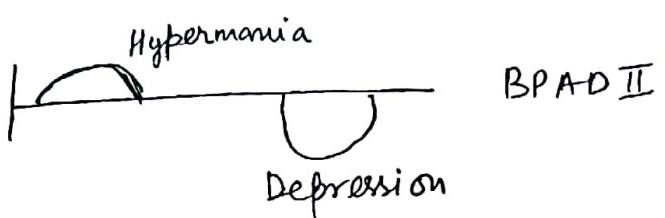
Psycho education

Mood Disorders

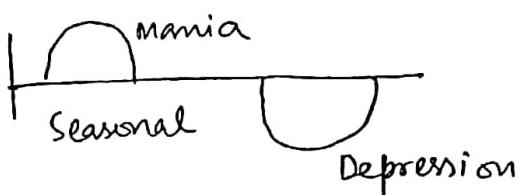


BIPOLAR

BPAD I (Bipolar polar Affective disorder)



BPAD II



SAD (seasonal Affective Disorder)

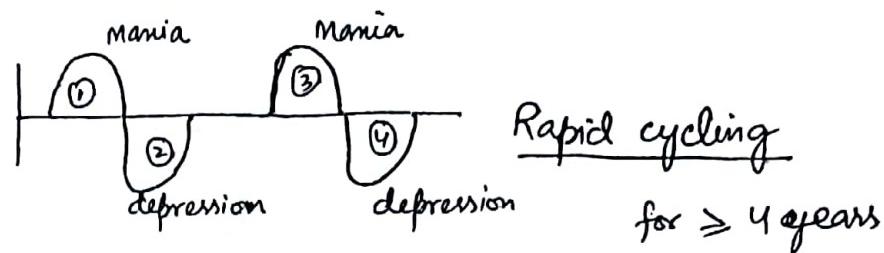
Rx - Light therapy
1,500 to 10,000 Lux.
(1-2 hrs) (DAWN)



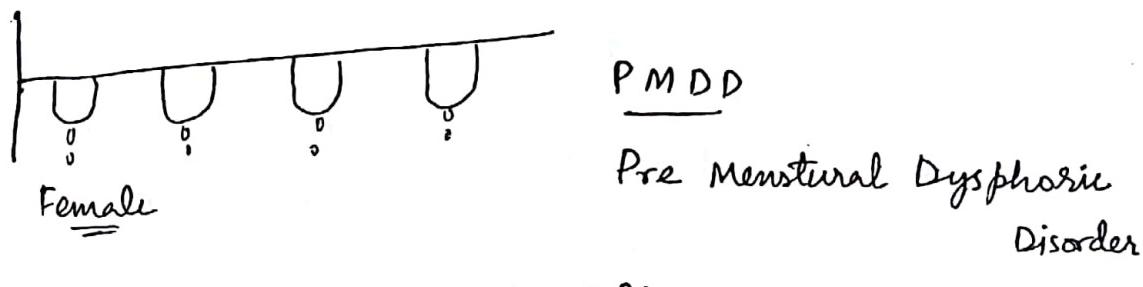
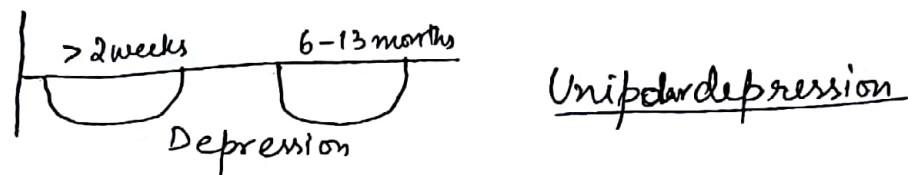
Cyclothymia

Patient is moody
interpersonal difficulties

↓
Difficulty in maintaining
job, marriage, friendship



Rx Sodium valporate (Toc)
Carbamazepine
Lithium .



10-15 %

Menarche - Menopause

(1) Hormonal

4-5 weeks

Rx of choice - SSRIs

Manic

Mania → Mood stabilisers (MS)

Mania + Psychosis → MS + Antipsychotics

Bipolar depression → MS + Antidepressants

Bipolar depression + Psychosis → MS + Antidepressants
+ Antipsychotics.

Female + Pregnant → Antipsychotics

Mood Stabilisers

Lithium

T.O.C. for - Euphoric mania
(Happy)

Prophylaxis - 0.6 - 1.2 meq/L

Therapeutic - 0.8 - 1.2 meq/L

Haemodialysis - 2 meq/L

Valporate

T.O.C for Dysphoric mania
(Anger)

↳ Acute mania

↳ Alcohol

↳ Rapid cycling

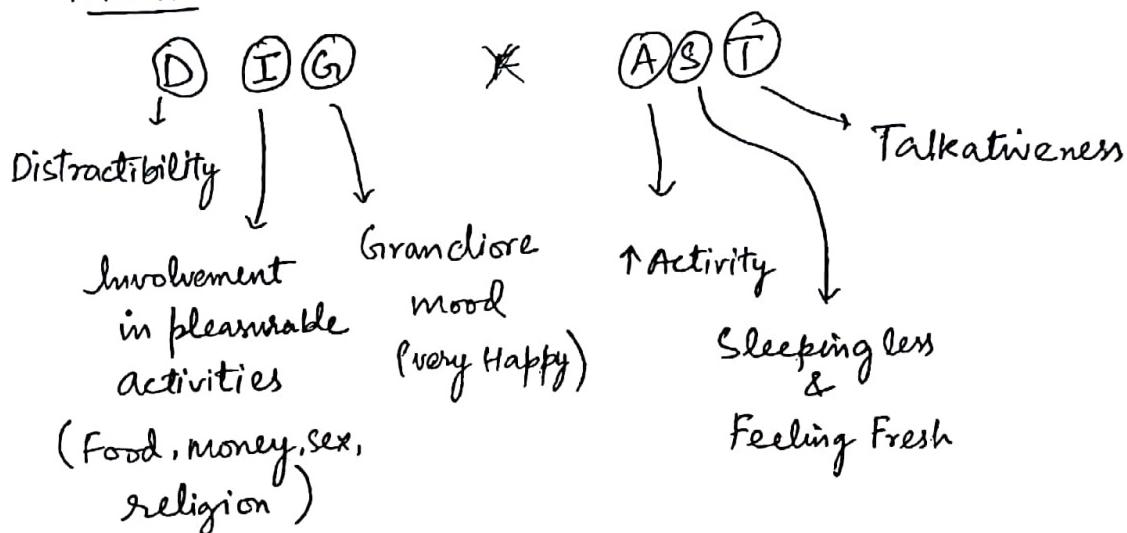
↳ Anxiety.

Pre lithium Investigations Check
⇒ TLC, DLC, (\because it can cause
Thyroid disorder Leucocytosis)
RFT, cardiac profile

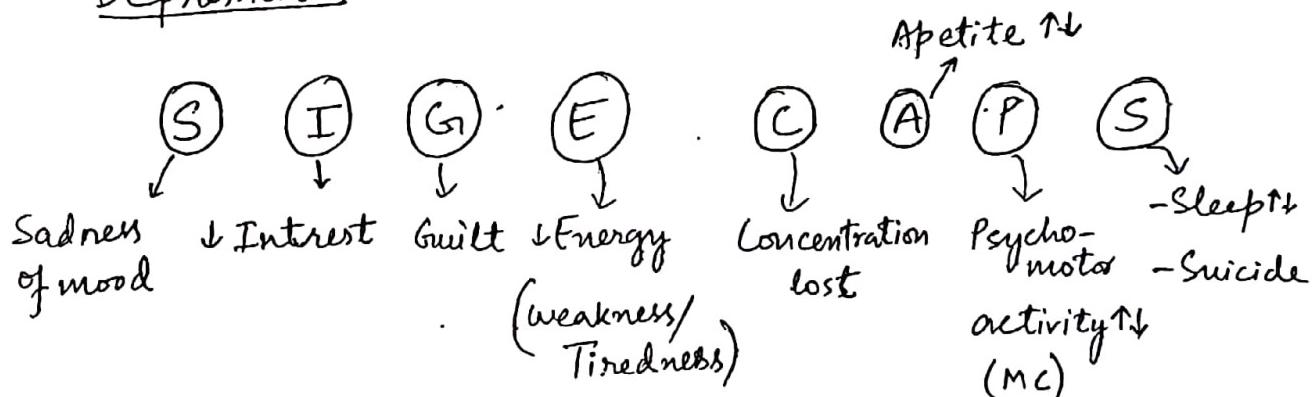
Schizo - Affective disorder:



Mania



Depression



1 out of 8 males

1 out of 6 females

Middle age.

Why depression is common in Females (♀) ?

- Hormonal cause
- child birth related
- Social status
- Learned helplessness.

Mixed ————— (1 week)

Seasonal

Psychosis

Peri partum

Atypical

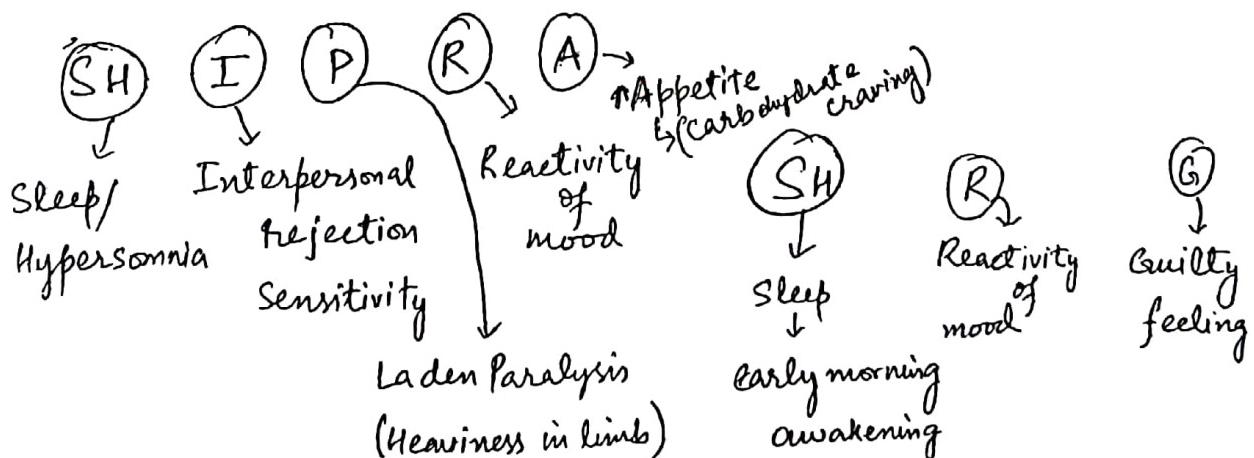
Melancholic
(endogenous)

Catatonia - (mc in depression)

Mood congruent / In congruent
(delusional reference)

Atypical Depression

Melancholic Depression.



Cognitive Triad of depression. (A.T. Beck) A.T. BECK

Hopelessness :- Future _____, Suicide
 Helplessness :- Environment, world
 Worthlessness :- Self

Cognitive Therapy → A.T. Beck.

Cognitive Distortion

Magnification (Mal adaptive assumptions)

Minimization

Personalization

Arbitrary Influence

Selective abstractions

Over generalisation

Dichotomous Thinking or Abolutist.

Suicide

10.4 / 1,00,000

Commonest method - Hanging

Neurotransmitter - 5 HT

Biochemical marker - CSF - \downarrow 5 HIAA

Paradoxical suicide

Para suicide \rightarrow Cutting (Borderline Personality Disorder)

Depression \in Suicidal tendency \rightarrow "ECT"

Risk factors

Males - (4:1)

> 45 years

Unemployment

Past H/o suicide

Helplessness, Alcohol

Chronic illness

Patients committing suicide have psychiatric illness

M/C cause of suicide \rightarrow 80% - Depression
 25% - Alcohol
 10% - Schizophrenia
 5% - Delirium + Dementia

Defence mechanism of depression is Introjection of departed object

neurotransmitter → ↓ 5HT, ↓ DA, ↓ NE

(Truminogenic Therapy)

↑ ACH

↑ Glutamate

Rx of depression - Antipsychotics

DOC - SSRI

M effective TCA

Psychotherapy - CBT

Somatic modality

Invasive

DBS → Deep Brain Stimulation ECT → Gold Standard.

VNS → Vagal Nerve Stimulation RTMS → Repetitive Trans Magnetic

CBS → Cortical Brain Stimulation.

Non Invasive

MST → Magnetic Seizure Therapy

CNS → Cranial Nerve Stimulation

ECT

Electroconvulsive Therapy (1938)

Started by Cerletti BINI

MECT (modified ECT) → Muscle Relaxant is added
e.g Succinyl choline

↓ G.A. [Propofol]

Electric current → Seizure if ≥ 180 sec
 $\begin{matrix} \text{of} \\ \geq 25 \text{ sec} \end{matrix}$ $\xrightarrow{\text{I.V}}$
 Diazepam.

Mechanism → BDNF Brain derived Neurotrophic Factor

Gold Std, More effective $\geq 90\%$ 60-70%

No absolute C.I.

Relative C.I. → ↑ ICT, MI, HTN.

Safe in pregnant females.

Indication: → Depression & suicidal

Catatonia, mania, schizophrenia

NMS, Parkinsonism & rigidity

Treatment Resistant epilepsy-

Not effective in \Rightarrow Somatization
 Personality D% (Borderline)
 Anxiety D%

Sign of depression \Rightarrow Otto ve. reguth

Omega Sign

Neurotic disorders

Anxiety disorder \leftarrow Phobia
 Panic
 GAD (Generalized Anxiety D%)

OCD & related disorders

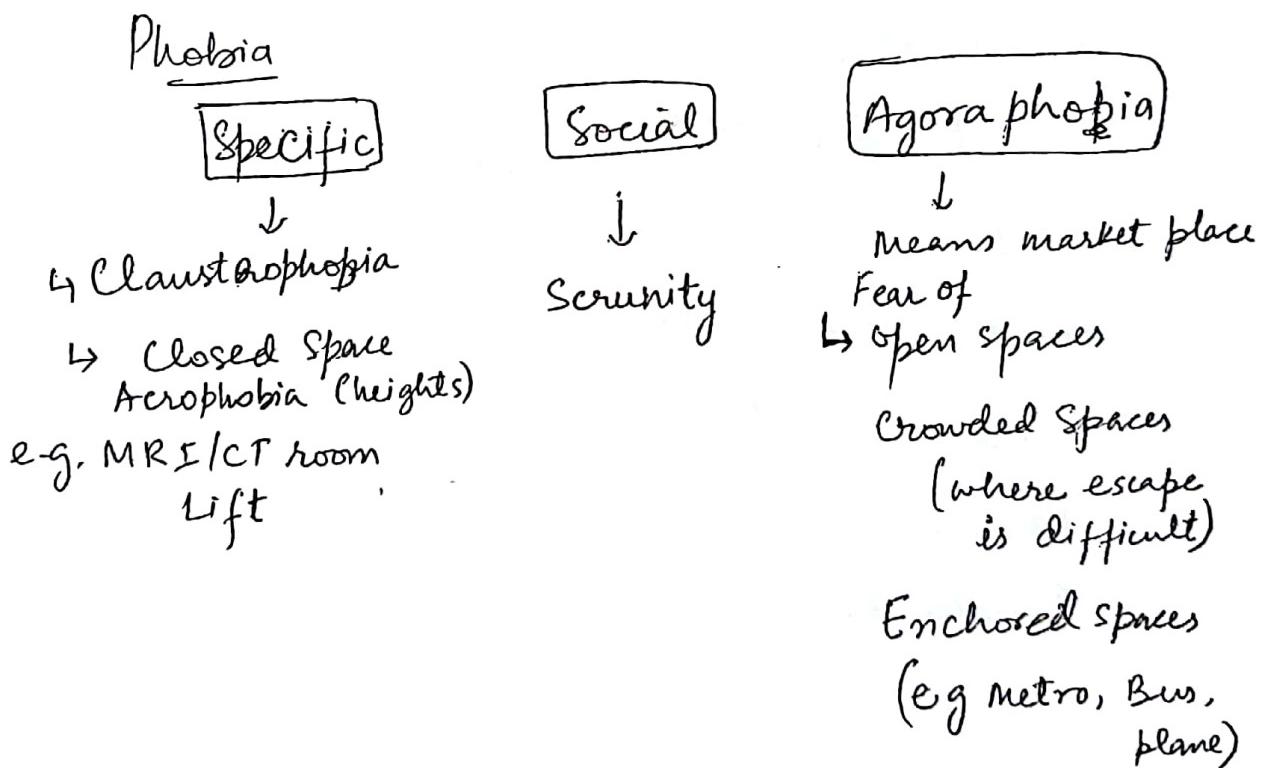
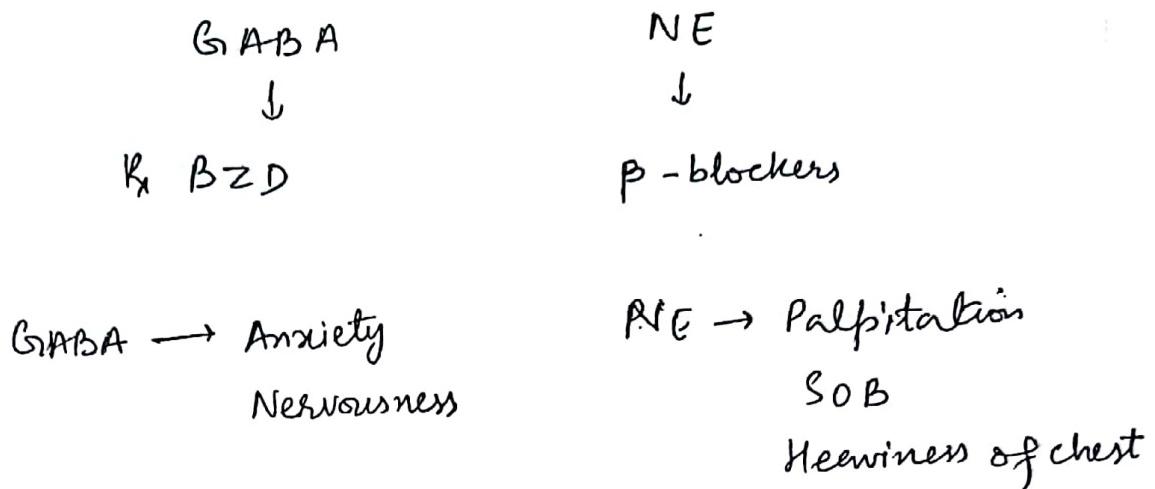
Conversion hysteria

Dissociative disorders

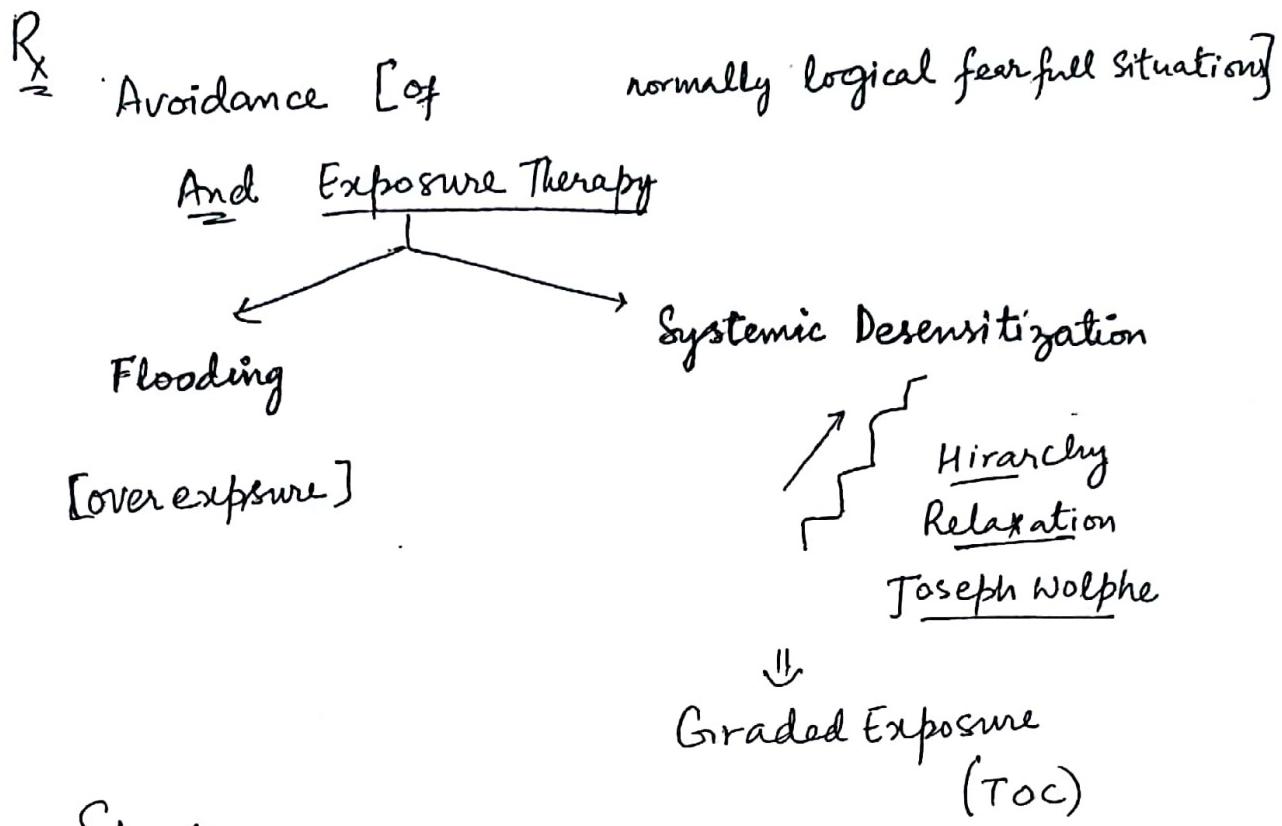
Trauma & stress related disorders

Somatic symptoms & related D%

Neurotransmitters involved



Irrational fear of a stimuli, object, situation or a person.



Specific Toc is Behaviour Therapy.

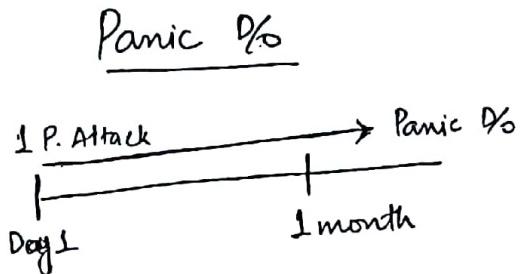
Agoraphobia → SSRIs (Toc)

Social → SSRIs + Psychotherapy.

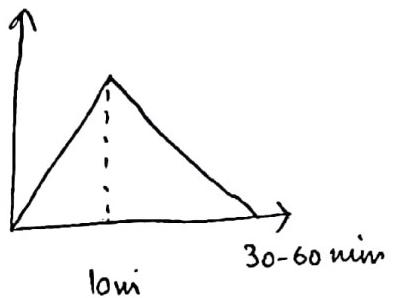
All phobias are diagnosed in 6 months

Displacement → Putting blame on wrong things
 ↳ (a defence mechanism) (Egg → Hygiene)
 ↑ Blaming ↳ Problem

Panic D/o



Panic attack
(alprazolam)



Symptoms of palpitation

Stimuli
is absent \Rightarrow [out of blues]
[Impending of doom]

\hookrightarrow SOB

Heavyness of Chest

MC. Comorbidity
is Agoraphobia

DOC for Acute anxiety \rightarrow BZD

DOC for Chronic anxiety \rightarrow SSRI

Generalised Anxiety Disorder (GAD) (Day to day worries)

Symptoms

Apprehensions

Fatigue, ↓ concentration, Sleep, Anxious,

Muscular tension

Diagnosis made after 6 months

Rx of choice → SSRI + Psychotherapy.
(CBT or supportive)

Phobia - Related to stimuli

Panic - Out of blue (No stimuli)

GAD - Day to day worries.

Bradycardia is seen in
fear of Blood/Needles

I_{nv} ECG, TSH, Hb, Blood Sugar.

Psychology [Study of mind]

Sigmund Freud → Neurosis → Unconscious conflict

Dream analysis

[Father of Psychoanalysis]

Defence mechanism

Theory of mind.

Psychosexual stages of development

Dream analysis

Dreams are the Royal Road to
Unconscious mind.

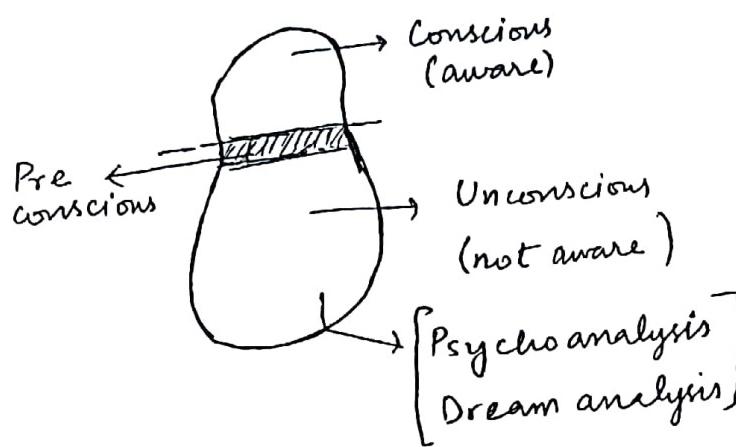
In 1900 → [Interpretation of dreams] book

Primary process of dreams.

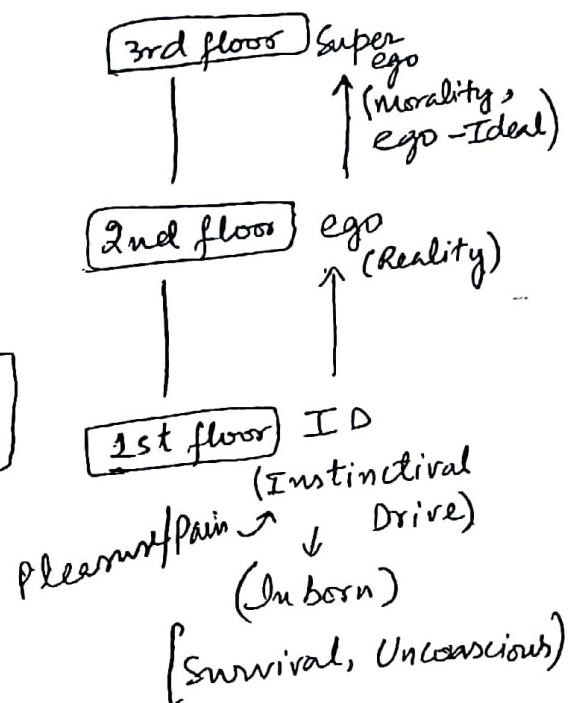
- ↳ Displacement
- ↳ Symbolic Representation
- ↳ Condensation

Theories of mind

Topographical Theory

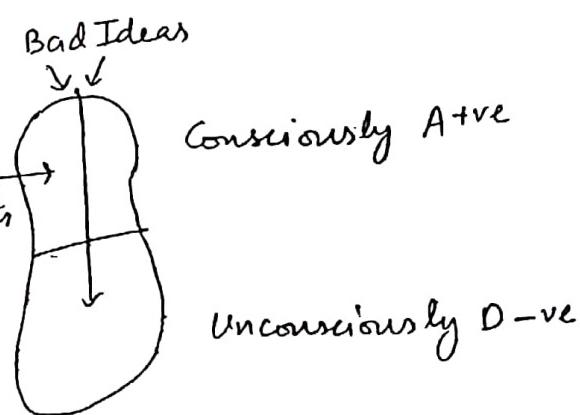


Structural Theory



Defence mechanisms

Repression is primary \Rightarrow defence mechanism



Repression [Unconscious forgetting]

By George Valiant

Mature Immature Neurotic Psychotic
or
Narcissist

S - Sublimation
S - Suppression

A - Altruism

Anticipation, Ascension

H - Humor

Suppression → waiting of right moment.

Altruism → Helping others

Anticipation → Anxiousness helps to perform better.

Ascetism → Doing good things but no expected return
(No praise required)

Immature defence mechanism

Fantasy

Regression

(things which were normal at a span is not normal anymore)

Passive aggression

e.g. harming any person who was harming you in indirect way. to get satisfaction.

Somatisation (expressing emotions via physical complaints)

Identifikation/Interojection
Copying others

Acting out

↳ No patience

Neurotic Repression

Displacement → anger reaction on someone else.

Undoing → non productive activity making comfortable feeling.

Isolation of Affect → Making conversation lengthy while expressing

Reaction formation → Action \rightleftharpoons Reaction.

Rationalization → Blaming others

Conversion → (Hysteria)

Dissociation

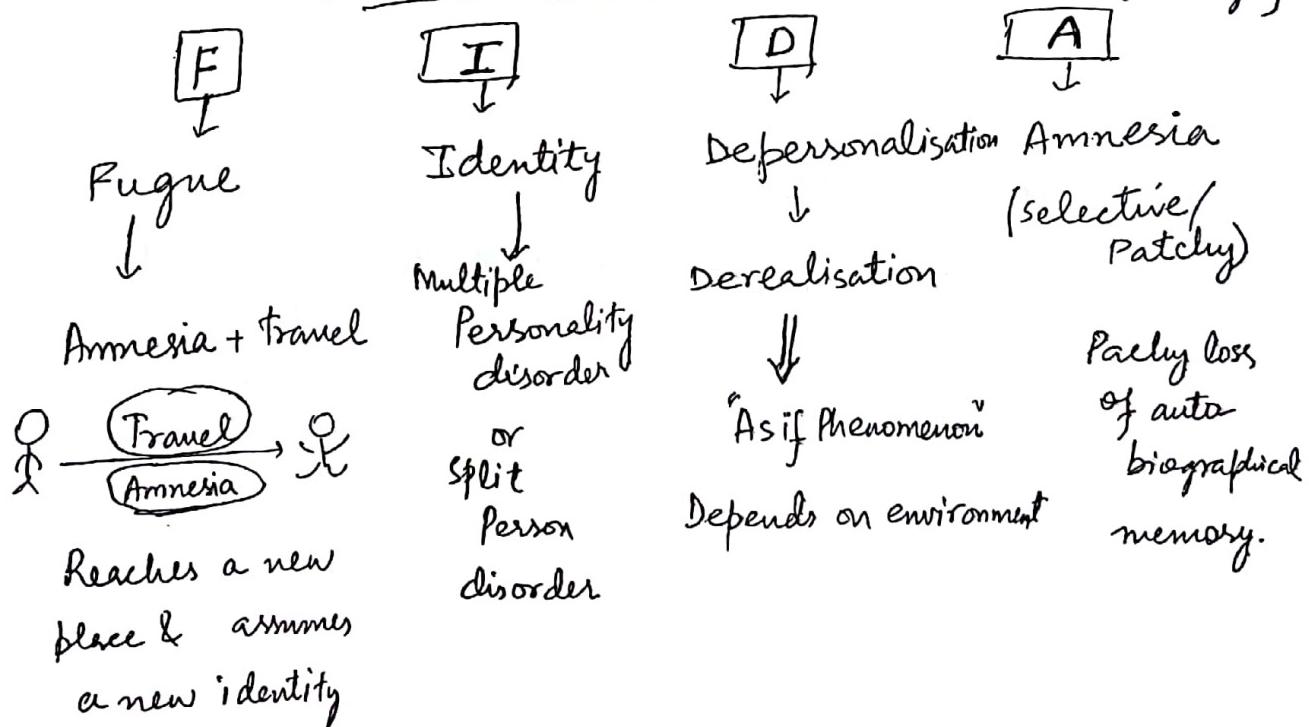
Conversion (Hysteria)

↳ Primary gain $\text{♀} - \text{♀} \rightarrow$ [Cut secondary gain]
 ↳ Secondary gain $\text{♂} \rightarrow$ [Aversion Therapy]
 $\quad \quad \quad \downarrow$ (Painful stimulus)
 Narco analysis
 La bille Indifference
 or
 Drug Induced Interview

(BzD, Barbiturate) — Thiopentone Na
 ↓
 Diazepam
 Lorazepam
 Midazolam
 ↓
 (Truth serum)

Dissociation

(dissociative amnesia) → [Skipping the uncomfortable feelings]



Malingering (Macheuron Factitious)

	G/D/S	Factitious	Malingering
Symptoms	Unconscious	Consciously Faking	Consciously
Gain	Unconscious	Unconscious	Conscious

abnormal sick role

Iron grid abdomen

(Pseudologia Fantastica)

Due to
 ↓
 Sexual abuse
 Physical abuse
 or
 Isolation

↳ Fantastic lie which people believe

Ganser Syndrome

Approximate answering (Paralogia)



$$2+2=5$$



grass = Blue

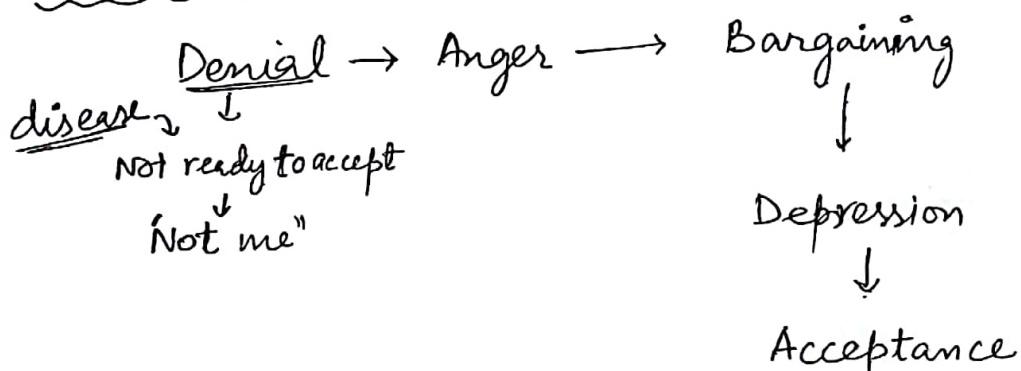
Psychotic or Narcissistic analysis

Denial → No convience / Deny the Reality

Distortion →  Body Image distortion.
(Anorexia Nervosa)

Projection →

Elisabeth Kubler-Ross



Projection

In Rationalisation
there is acceptance

Projective Personality Test

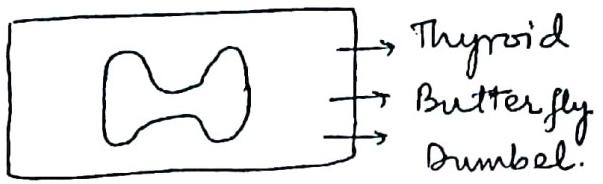
→ Rorschach Ink blot Test (Reel & black ink)
[Symmetrical]

→ Thematic apperception Test

→ Sentence completion Test

→ Draw a person Test

→ Word-association



Psychoanalysis

Childhood Repressed Memory

[Unconscious conflict]

Transference → Patient %

Counter transference → Doctor (not acceptable)
 ↳ overcaring towards patients

Free association → Method of taking information from patient freely.

dt

Behaviour Therapy

Classical

Ivan Pavlov

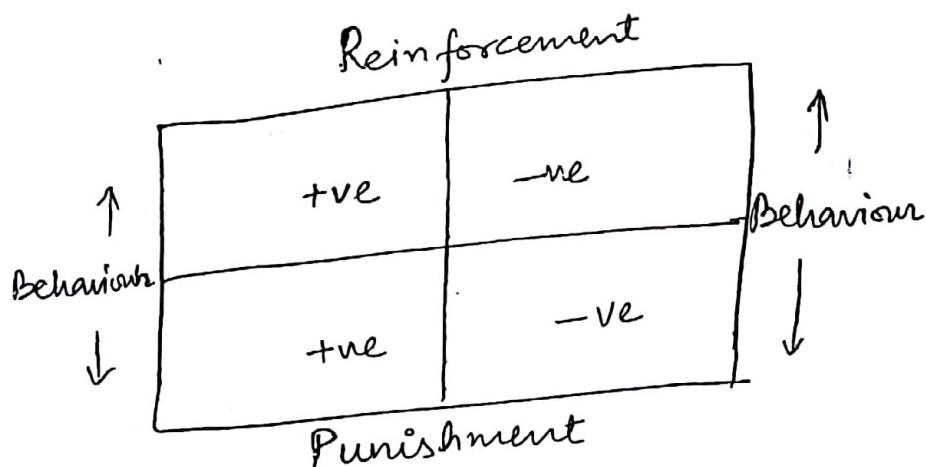
Stimulus
+
Combination.

Operant conditioning

or
Instrumental

B.F. Skinner

Response
+
Consequences



Contingency

Psycho sexual stages of development

Oral 0-18 months

Anal 18-36 months

Phallic 3-5 years

Latency 5-12 years

Genital > 12 years

Libido

Sexual drive

Oedipus Complex

(Fear of castration)

3-5y boy → mother
+ father ↑

Electra complex - Female ⇒ Envy of penis

Identification by idealising

Latency ↪ ⇒ Boy → Father

Girl → Mother

OCD & Related disorders

Trichotillomania → Pulling of hair

Hoarding → emotional value of useless things

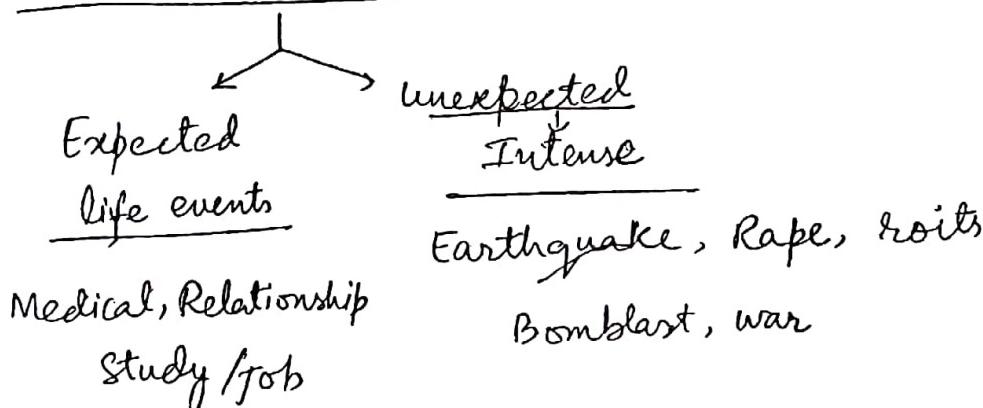
Excoriation → Skin Picking (e.g. acne picking)

Body dysmorphic disorder - feeling of body part/appendage being disfigured

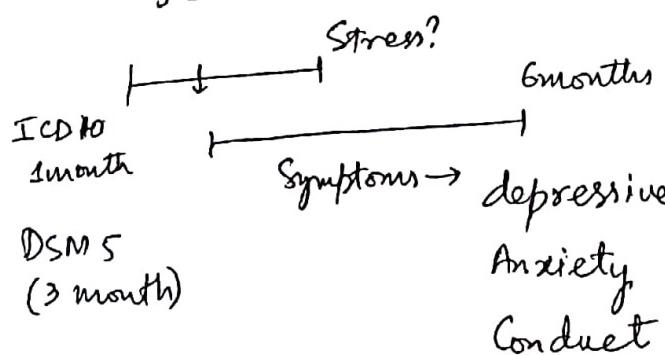
↓
goes for treatment

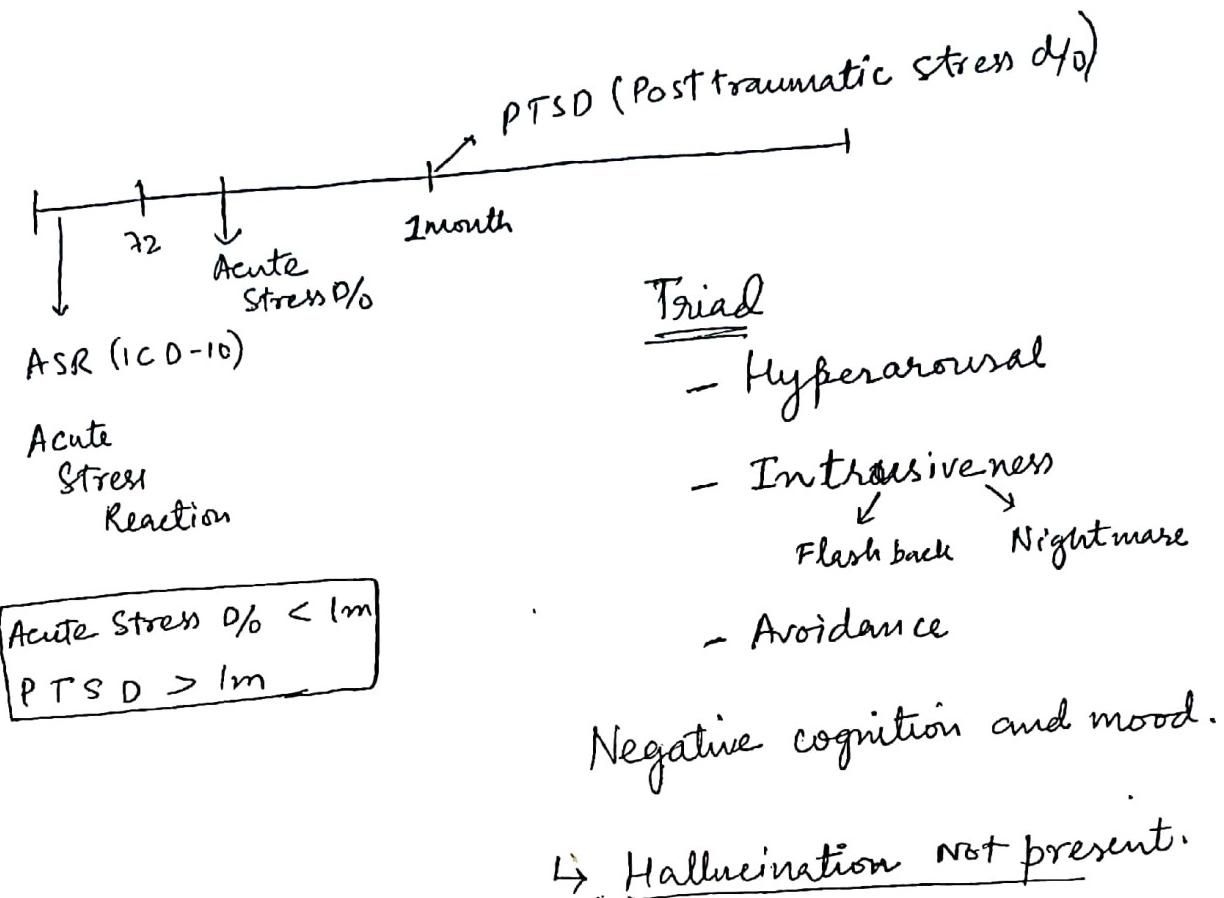
MC - Hair
nose

Trauma & Stress Related D/o



Adjustment disorder





Treatment

Psychotherapy.

PTSD

Rx

Pharmacotherapy (SSRI) + CBT

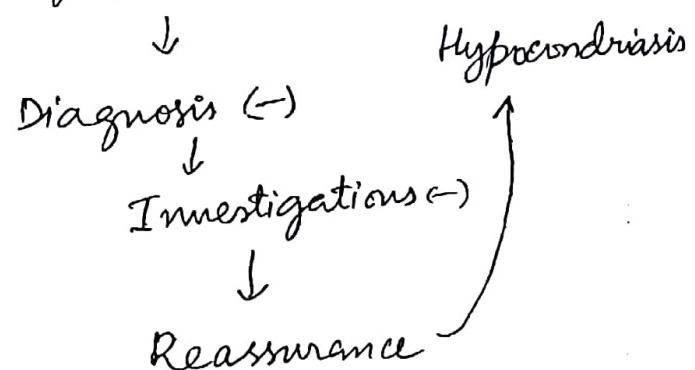
EMDR (eye movement Desensitisation
Reprocessing)

Debriefing

Somatic Symptom Related D/o (DMS 5)

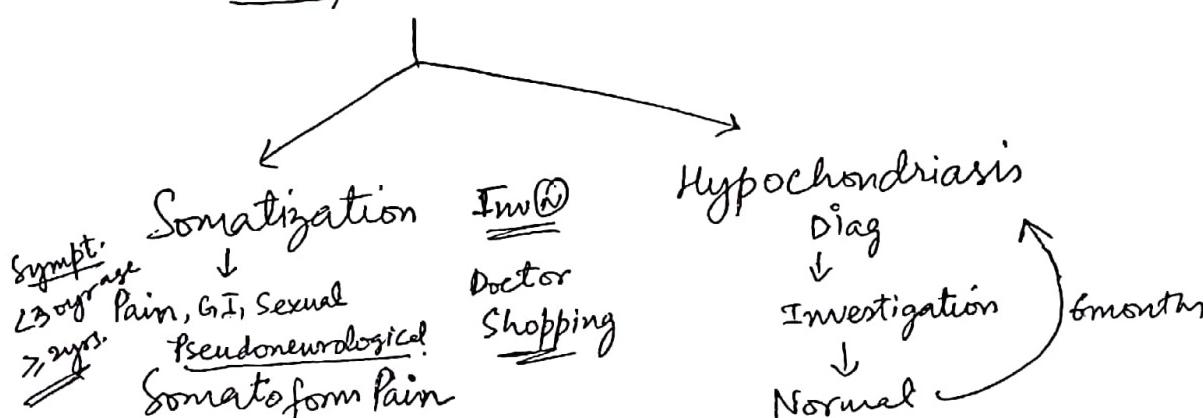
Illness anxiety D/o (Anxiousness due to fear of illness)

Somatic symptom D/o (anxiousness due to fear of illness)
Symptoms +ve



Pain D/o → due to emotional conflict.

Somatoform D/o (DMS IV)



Asks for Pain Relief

Somatoform
autonomic dysfunction

e.g. IBS, Hyper ventilation syndrome

[Asks for Diagnosis confirmation] breathing in a plastic bag.

Culture bound Syndrome

Dhat syndrome → Semen in urine

Anusoke → Running & killing way, Suicide/forget

Koro → Size of penis is reducing & going in abdomen → die (epidemic)
 [GENITAL RETRACTION SYNDROME]

Latah → Screaming, cursing, dancing
 Uncontrolled laughter.

Eating disorders

A ANOREXIA NERVOSA

F : M = 10 - 20 : 1

Underweight ($\leq 85\%$ ideal) of (N)



Anorexia Binge Compensatory

Can eat (300-500 kcal)

e.g. Vomiting
diarrhoea

B ANOREXIA NERVOSA

(N)

Binge Compensatory No compensatory

BED (MC) [BINGE Eating D]

overweight

i

Anorexia Nervosa
 Body Image distortion
 $\leq 85\%$ (weight loss)
 Fear of fat
 Amenorrhoea ≥ 3 months
 100% females

Types → Binge
 → Restriction
 14-18 yrs
 Profession - Modelling
 Heroin

Peculiar handling of food. \rightarrow (Peculiar behaviour)

Clinical Signs

\uparrow Cortisol, \uparrow G.H., \uparrow Prolactin.

\downarrow Luteinising hormone, \downarrow FSH, \downarrow Estrogen.

Sometimes hypercholesterolemia

\hookrightarrow Anemia, muscle atrophy, bradycardia

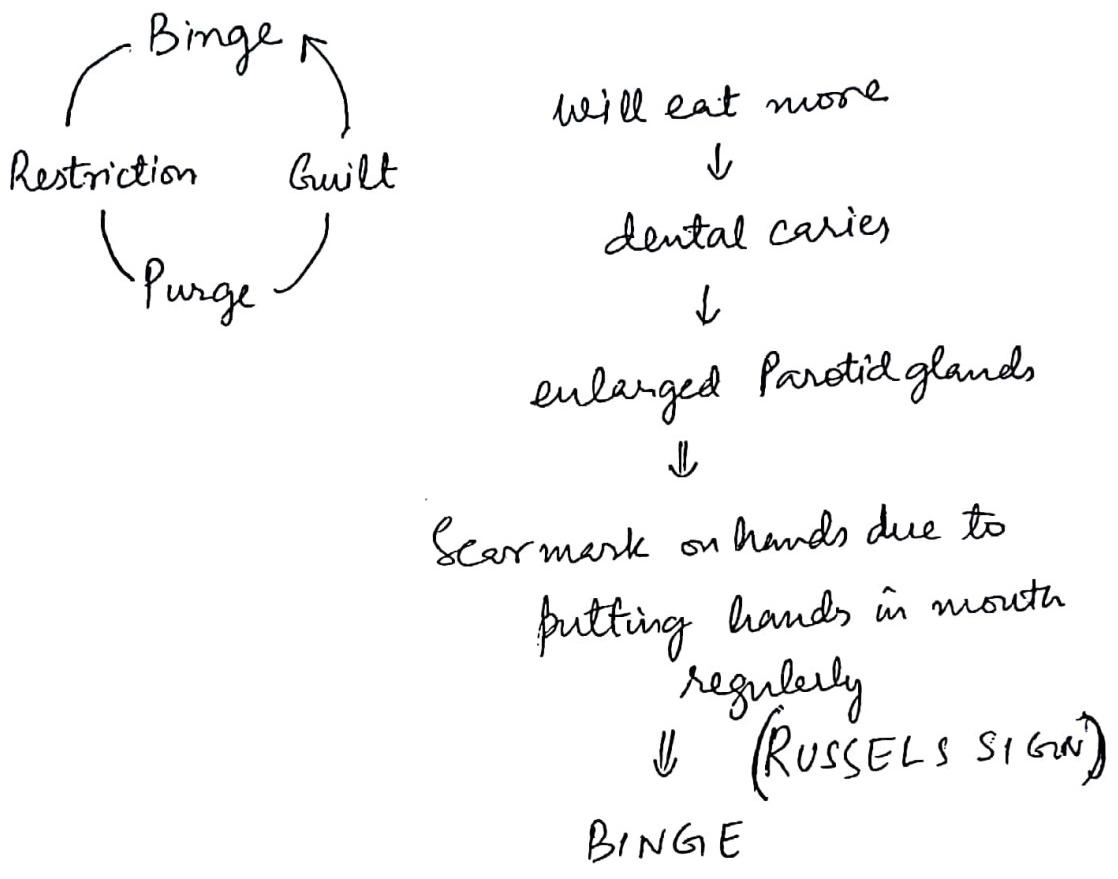
Rx

SSRI + Antipsychotic

Hospitalisation (if $\leq 80\%$ fall of weight)

CBT, family therapy.

BINGE Eating disorder



R
X

Fluoxetine

CBT

Sexual disorder

Sexual Identity → Biological sex

Gender Identity → By which the individual recognised
himself/herself
 ↓
Psychological sex (3 years of age)

Gender role →

Sexual orientation → Heterosexuality / Homo / Bisexuality.

Gender Identity Disorder ⇒ e.g. Boy wants to be girl

↓
 [dissatisfied in the allotted sex] DMS IV
 Gender Dysphoria

DMS 5

⇒ ↓
 Hormonal Sex Replacement.

Sex rearrangement Sx

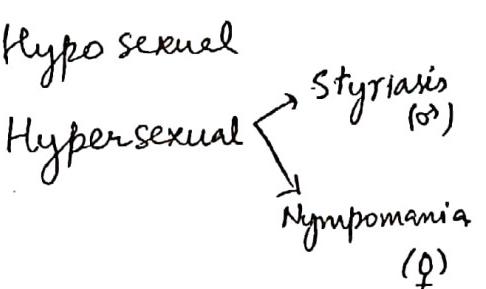
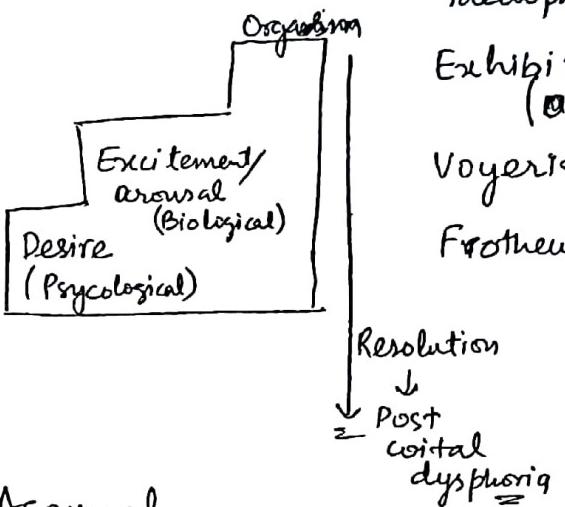
{ Male trapped in female body
 Female trapped in male body }

↗ Abnormality
in Sexual preference

Gender Dysphoria

Sexual dysfunction

Paraphilia



Impotence

middle age

Organic Psychogenic

cause
Mc Vascular

50% males
have apprehension.

Hormonal

Drug/medication

Masturbate"

Masturbation X

Morning erection"

Morning erection X

REM Spontaneous

REM Spontaneous X

Premature ejaculation
 [$< 1 \text{ min}$]

(5)

(10)

15 - 20

25 min

[2 - 6 min]

Orgasm is shortest

Rx

SSRI - SE (delayed ejaculation)

Start stop technique

Squeeze technique (Meister & Johnson)

Dual Sex therapy.

Cognitive Disorder

62

Delirium

Immediate memory disorder

Global dysfunction

Psy (Illusion/Hallucination)
Visual

Altered Sensorium

[acute confusional state]

↓
disorientation

to time place
& person.

Amnestic synd.

Recent memory disorder

Memory

NO

Dementia

Remote memory disorder.

Global dysfunction

Psychiatric

Progressive loss
of memory
Consciousness
Intact



Delirium

(P)

(C)

Psychomotor activity. Clouding, consciousness
↓ illusion/hallucination

(A) Attention

(S)

Sleep

(E)

Emotion

Transient delusion



Consciousness fluctuating

Recover or die

Etiology

Common in old age male → Polypharmacy

In middle age → Substance abuse / alcohol

In young ag → Poisoning

Floccillation Aimless plucking ^{on} bed Sheet

Sundowner Syndrome (seen in ICU Patients)

Rx

= AntiPsychotics - Resperidone (DOC)

BZD - Lorazepam (DOC)

Amnestic Syndrome

100% Reversible

B₁ + glucose

100-300mg/day

IRRversible
85%

Wernicke
encephalopathy

Korsakoff
Psychosis

Short term memory problem

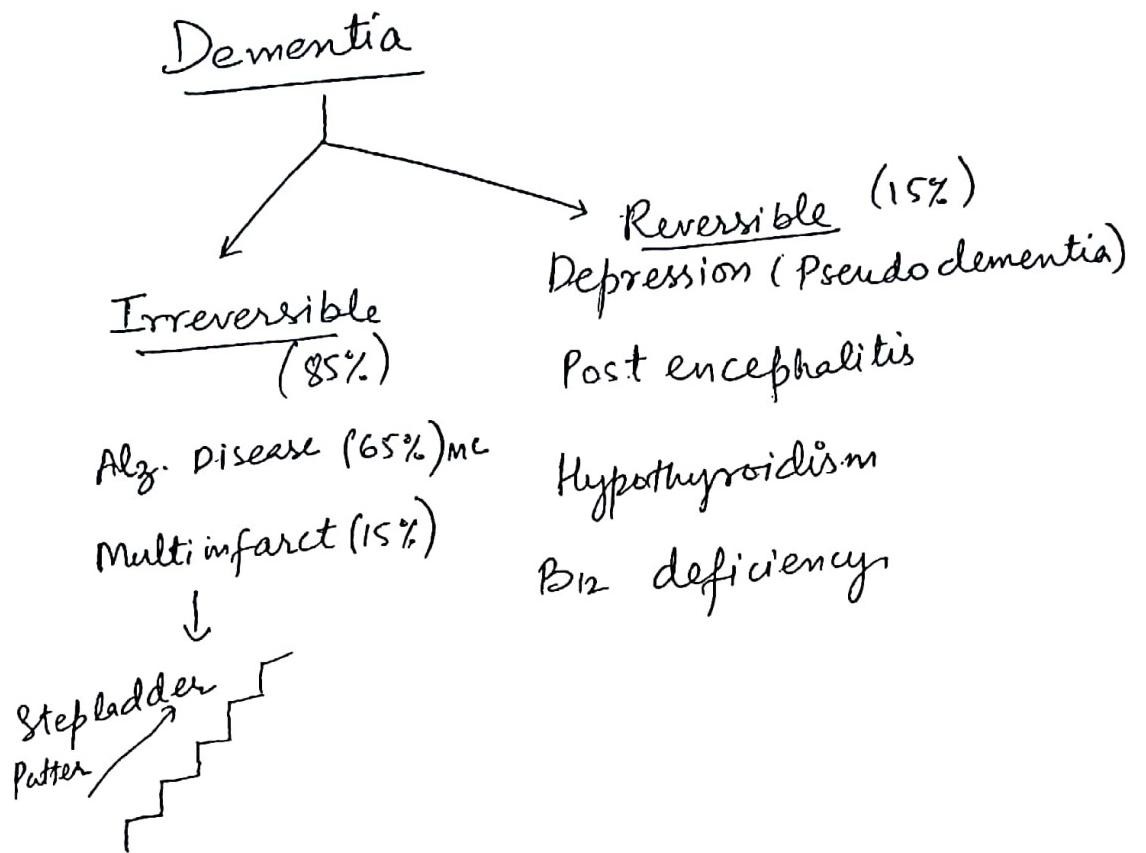
Congabulation (filling
memory gaps & imagining
information)

Ophthalmoplegia

Global confusion

Ataxia

Damage due to bleeding in brain



Dementia is characterised by

Loss of memory

Apraxia → (motor symptoms)

Agnosia Not able to remember familiar faces
(Brog Prosopagnosia)

Aphasia → (language)

Executive functions (S -> A)
Sequenece organising Planning
Abstract

(2/4) indicative,

Pick disease → Frontal dementia

↓
Personality dysfunction

↓
Precedes loss of memory.

Sleep disorders

(S) (H) (I) (P)

Sleep	Hypersomnia	Insomnia	Parasomnia
awake			
cycle	>9	<6 hours	
6-9/24 hours		for 1 month	

Night - drivers, Police, doctors, etc.

Hypersomnia

- ≥ 30 sec

Modafinil
↓

- ↳ Sleep paralysis - REM, ↓ Tone. ↓ REM Latency
- ↳ Sleep attack (MC)
- ↳ Hypnagogic/ Hypnopompic hallucination
- ↳ Cataplexy -
Sudden loss of tone in response to an emotional stimuli

Hypno → Sleep . Hypnagogic
 ↓
 Hallucinations during sleep.

Cataplexy - Loss of tone on emotional events.

Rx Modafinil.
 [x 1 adrenergic Receptor antagonist]

Parasomnia
 ↳ Amnesia

Symptoms
 Bruxism → grinding of teeth.
 → Rx mouth gag .

Somambulism → Sleep walking

Somniloquy → Talking

Periodic limb movement.

Enuresis (< 5 years)

Night terror & nightmare

Night terror
(Pavor Nocturnus)
screaming
confused
Sleep
Amnesia

Night mares
(nightmares)
REM
Bad dream
Recall (↑)

Rx
BzD - diazepam

Child Psychiatry

Tic disorder

Sudden, rapid, non-rhythmic stereotypical
motor or vocalisation

e.g. Blinking eyes e.g. cough or clearing throat continuously.

cotoprolalia → Repetition of obscene words

Motor tic
vocal tic
+
coprolalia

→ [Gille de la tourette syndrome]

+
Palilalia
Rx Clonidine - ↓ S/E → Prefer during emergency.
Anti-psychotic - Haloperidol (Dose)
Risperidone.

ADHD
[Attention Deficit and Hyperactivity disorder].

Hyperactivity

Impulsivity

Inattention / & concentration / decline in school performance

DSM IV → < 7 years

DSM 5 → ≤ 12 years. ♂

ADHD is serious disorder ē social, academic effects.

Rx

STIMULANTS → METHYLPHENIDATE

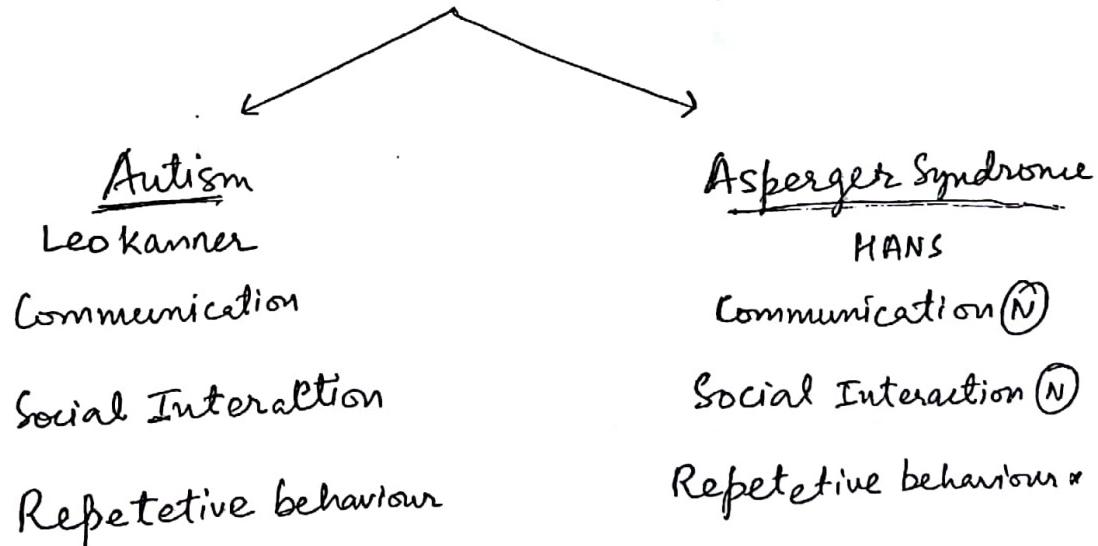
Follow up ~~for~~ Substance abuse.

NON STIMULANTS → ATOMOXETINE, BUPROPION
CLONIDINE

Autism Spectrum disorder

↳ Social interaction, Repetitive

DSM IV PDD Pervasive Development %



Rett's

♀ only

⑩ → 6-18 months

Regression milestone

Microcephaly

↓ Head circumference

Midline ^{winging}
movements of hand
Syndrome

Complications

Breath holding Spells

Pneumonia/Pulmonary
complications.

Seizures

Arrhythmias (cause of death)

Childhood disintegration D.

♂: ♀

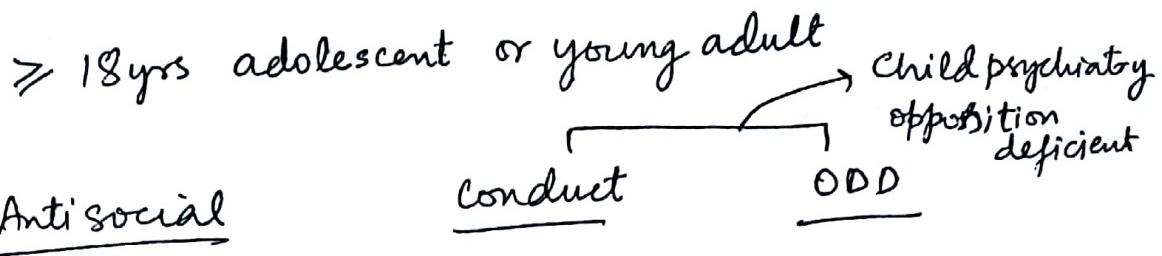
20: 1

Develop language
will play
Bowel control] Lost

↓ — |

Website: <http://mbbshelp.com>

Personality disorder

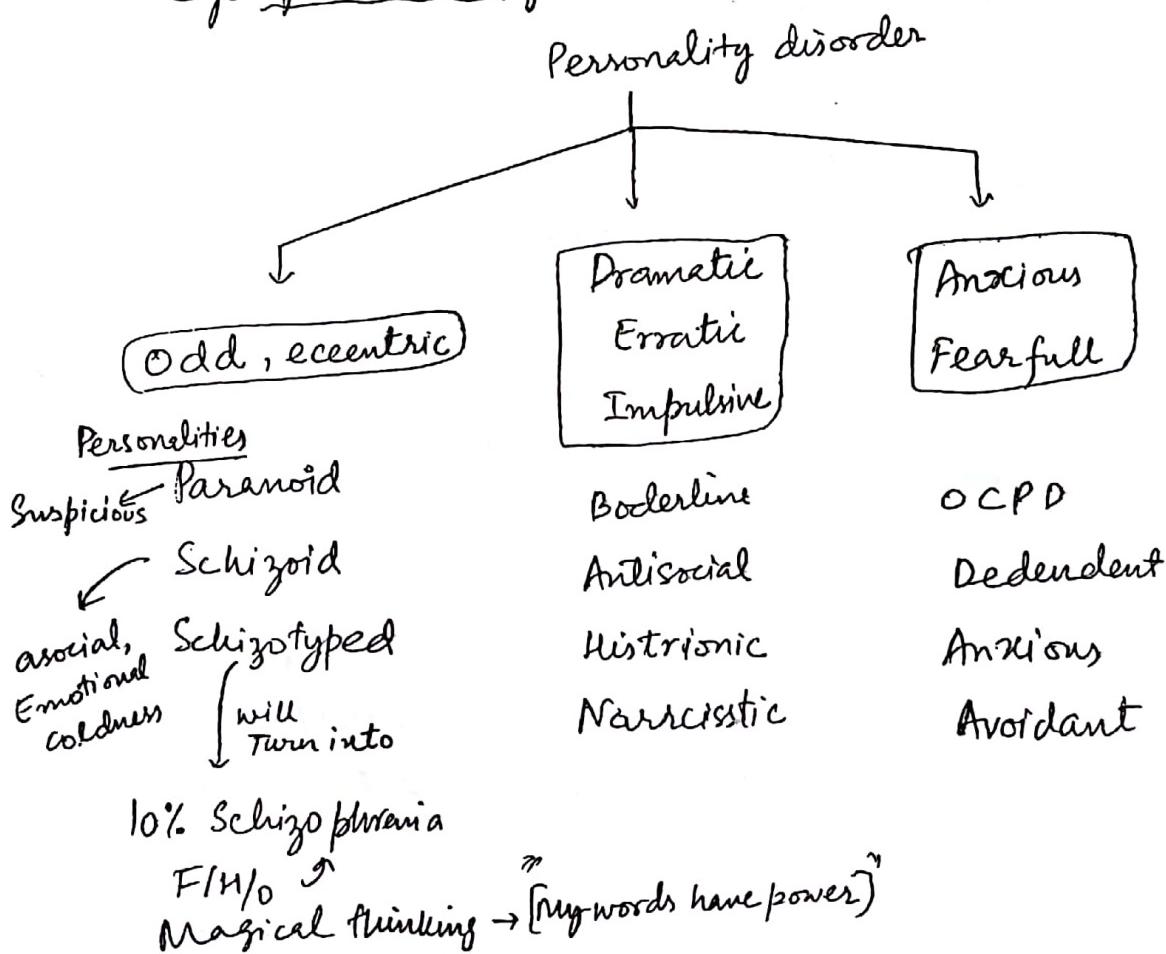


- They Like to break law
- No feel of guilt
- Lack of Remorse
- Conning

Behaviour
Violence
Cruelty animal
Theft
Bullying
Truancy.

verbally abusive

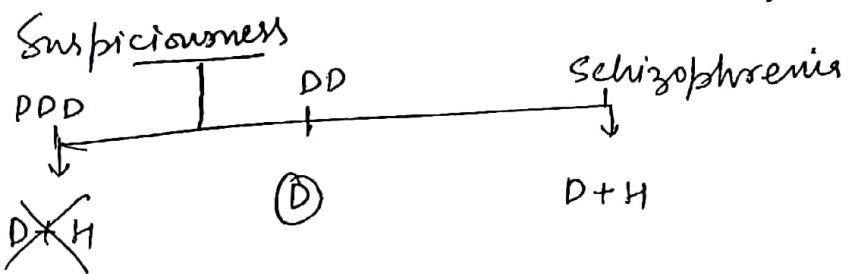
Ego syntonic rarely



Psychotherapy

Paranoid → Suspiciousness

Suspects, friends, strangers
keep grudges, attack Reputation
of others.



Borderline (cyclothymia) • [Emotionally Unstable]

Parasuicide

Mood Swings

Idealization/ Demeaning

Identity crisis

* Defence mechanism ⇒ Projective Identification
Splitting.

Rx of Choice → Dialectical Behaviour Therapy
Mentalization Based Therapy

Histrionic

More prone to somatisation.

↳ attention seeking

Talk, walk, drink → seductive

Shallow emotions

Narcissistic

Self love

Sense of entitlement

Grandiose sense of self importance

Fantasies of unlimited success

Avoidant

(Social phobia)

↳ fear criticism, feel inferior.

Preoccupied by Rejection.

Rx "Assertiveness Training":

Dependent

Difficulty in making everyday decision

↳ they want others to take responsibility.

OCPD [Obsessive Compulsive Personality Disorder.]

Anankastic Personality disorder.

Perfectionist

Do not complete on time

Make lists / Rules

They are Rigid.

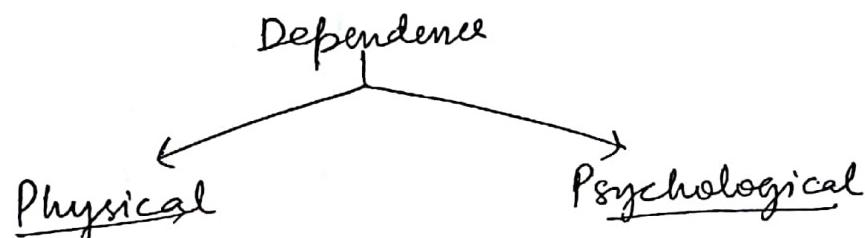
Substance use disorder

Abuse → Alcohol (mc)

Illicit/Illegal → Cannabis ~~forbidden~~

Dependence → Tobacco (mc Substance of dependence)

Stimulant → caffeine



Tolerance

withdrawal

Craving (ICD-10)

Stop → but not able to

Health ×

Social life ↓

Amount, Time ↑

↳ Not able
to control

Tolerance

↳ same dose not giving same pleasure

withdrawal

↳ substance specific withdrawal.

Withdraw peaks & in 2-3 days

Tobacco

No diagnosis of Abuse or Intoxication

DSM 5

Dependence (+)

Withdraw Symptoms

Brady cardia

Constipation

Paradoxical Sleep

↓ Concentration

↑ weight

Rx

Nicotine Replacement Therapy

↳ Patches

Gums

Lozenges

Spray

- BUPROPION

(DNRIs)

- VARENICLINE

($\alpha_4 \beta_2$ Nicotinic Ach Receptor
partial agonist)

Alcohol

Withdrawl Symptoms

Tremors (6-8 hrs) (First sign)

Psychotic/Perceptional symptoms (in 8-12 hrs)

Seizures (in 12-24 hours) RUM FITS.

DT (Delirium tremors)

Rx Oral Chlordiazepoxide (Tremors)

IV diazepam (seizures)

IV Lorazepam (for delirium tremors)

Alcoholic hallucinations → Auditory
Clear consciousness

12-24 hours

(1-2 months)

Anticraving

FDA - Acamprosate

Naltrexone

Topiramate, Baclofen

Deterrent



Disulfiram rxns.

e.g. metronidazole

(12 hours)

Intoxication -

20 - 30 mg/dl → (↓ thinking)

80 - 200 mg/dl → Ataxia

200 - 300 mg/dl → Black out

300 mg/dl → death

OpioidsWithdrawal

Pain

Yawning

↑ Secretions

Miosis

Heroin

Brown Sugar

Smack

Morphine

Pentazocine

Propoxyphene

Codine

Intoxication

Respiratory depression

Pin point pupil.

Maintenance programme → Buprenorphine, Methadone

Detoxification

clonidine

Antagonist → Intoxication → Naloxone

Prevention relapse → Naltrexone

mc withdrawl of caffeine → Headache, fatigue

Cannabis

Bhang	Charas Ganga, M , H
1%	10-15% 4-5% 40%

Intoxication - Redness of eyes (conjunctival congestion)

Tachycardia / Restlessness

↑ Thirst / ↑ Sweat

withdrawl → Anxiety, nervousness, Insomnia,
vivid dreams.

- Amok
- Flash back
- Anxiety
- Psychosis
- Amotivational syndrome.
- HEMP insanity

Cocaine

[Amphetamine]



Schizophrenia

LSD

Reflex

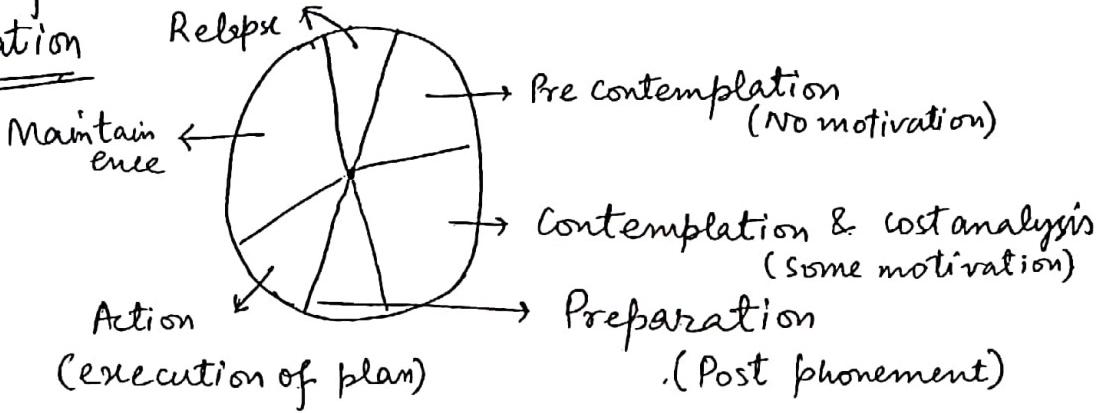
Flashback

Prochaska & DiClemente (1983)



Studied alcohol patients

Stages of Motivation



Date Rape drugs

[ketamine
GHB (gamma Hexene butyrate)
Roofie (Flunitrazepam)]

Alcohol

Rave/club

Methamphetamine → MC drug for Hospitalisation